

COLLEGE of AMERICAN
PATHOLOGISTS

CERTIFICATE OF ACCREDITATION

**CHI Health University Campus
Laboratory
Omaha, Nebraska
Wayne E. Penka, MD**

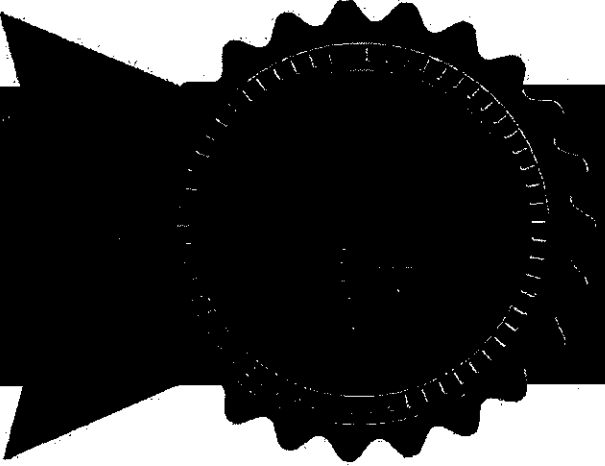
CAP Number: 1976201
AU-ID: 1184986
CLIA Number: 28D0652591

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to October 15, 2024 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Handwritten signature: K. Beavis

Kathleen G. Beavis, MD, Accreditation Committee Chair
Emily Volk, MD, FCAP, President, College of American Pathologists



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



07/26/1995	BACTERIOLOGY (110)
07/26/1995	PARASITOLOGY (130)
07/26/1995	VIROLOGY (140)
07/26/1995	GENERAL IMMUNOLOGY (220)
03/07/2019	ROUTINE CHEMISTRY (310)
07/26/1995	URINALYSIS (320)
07/26/1995	ENDOCRINOLOGY (330)
07/26/1995	TOXICOLOGY (340)
07/26/1995	HEMATOLOGY (400)
07/26/1995	ABO & RH GROUP (510)

LAB CERTIFICATION (CODE) EFFECTIVE DATE LAB CERTIFICATION (CODE) EFFECTIVE DATE

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialists/subspecialties you are certified to perform and their effective date:

659 Cent 011023



Center for Clinical Standards and Quality
 Division of Clinical Laboratory Improvement & Quality
 Quality & Safety Oversight Group
 Mandque Spruill, Director

DEPARTMENT OF HEALTH & HUMAN SERVICES



Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a), as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown herein (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures. This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

LABORATORY NAME AND ADDRESS
 CHI HEALTH UNIVERSITY CAMPUS
 2412 CUMMING STREET, SUITE 100 LABORATORY
 OMAHA, NE 68131

LABORATORY DIRECTOR
 WAYNE E PENKA M.D.

CLIA ID NUMBER
 28D0652591

EFFECTIVE DATE
 02/09/2023

EXPIRATION DATE
 02/08/2025

CENTERS FOR MEDICARE & MEDICAID SERVICES
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
 CERTIFICATE OF ACCREDITATION