

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

LABORATORY NAME AND ADDRESS
OMEGA BIOSERVICES
1420 OAKBROOK DRIVE
NORCROSS, GA 30093

CLIA ID NUMBER
11D2120625

EFFECTIVE DATE
01/31/2023

LABORATORY DIRECTOR
ALTHEA MCPHAIL M.D.

EXPIRATION DATE
01/30/2025

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 hereon (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.



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

106 Certs2_030723

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

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
VIROLOGY (140)	01/31/2023		



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.

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

CLIA ID NUMBER
11D2120625
EFFECTIVE DATE
01/13/2023
EXPIRATION DATE
01/30/2028

LABORATORY NAME AND ADDRESS
OMEGA BIOSERVICES
1420 OAKBROOK DRIVE
NORCROSS, GA 30093
LABORATORY DIRECTOR
ALTHEA MICHAEL, M.D.

This certificate shall be valid until the expiration date shown, but is subject to review by the Agency at any time for cause. The Agency reserves the right to suspend, revoke, or annul this certificate for cause. The Agency also reserves the right to conduct unannounced inspections of the laboratory. The Agency is not responsible for the accuracy of the information provided by the laboratory. The Agency is not responsible for the accuracy of the information provided by the laboratory.

CLIA ID Number: 11D2120625
OMEGA BIOSERVICES
1420 OAKBROOK DRIVE
NORCROSS, GA 30093



STATE AGENCY ADDRESS AND PHONE NUMBER:
GA DHR/HEALTHCARE FACILITY REGULATION DIV
DIAGNOSTIC SERVICE UNIT/CLIA
2 PEACHTREE ST NW 31-447
ATLANTA, GA 30303-3142
(404)657-5447

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
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