

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

FCLAB
8635 LEMONT RD
DOWNERS GROVE, IL 60516

CLIA ID NUMBER

14D1078862

EFFECTIVE DATE

05/30/2020

LABORATORY DIRECTOR

HISHAM F GREISS MD

EXPIRATION DATE

05/29/2022

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.



Regina S. Van Brakle
Regina S. Van Brakle, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality