

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

**LABORATORY NAME AND ADDRESS**  
FERTILITY & CRYOGENICS (FC) LAB LEMONT  
807 STATE ST  
LEMONT, IL 60439

**CLIA ID NUMBER**  
14D2023923

**EFFECTIVE DATE**  
06/16/2016

**LABORATORY DIRECTOR**  
HISHAM.GREISS PHD MD

**EXPIRATION DATE**  
06/15/2018

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.



*Karen W. Dyer*  
Karen W. Dyer, Acting Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality