

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

**CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES**

LABORATORY NAME AND ADDRESS

LURIE CHILDRENS NORTHWEST COMMUNITY OP  
880 W CENTRAL RD-SUITE 6400  
ARLINGTON HEIGHTS, IL 60005

CLIA ID NUMBER

14D1009632

EFFECTIVE DATE

01/12/2024

EXPIRATION DATE

01/11/2026

LABORATORY DIRECTOR

NITIN R WADHWANI M D

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.



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

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- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
  - If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
  - If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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.

**CLIA ID Number: 14D1009632**

LURIE CHILDRENS NORTHWEST COMMUNITY OP  
DEPT OF PATHOLOGY & LAB MEDICINE  
225 E CHICAGO, BOX 53  
CHICAGO, IL 60611



**STATE AGENCY ADDRESS AND PHONE NUMBER:**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
DIV OF HEALTH CARE FACILITIES & PROGRAMS  
525 W JEFFERSON ST/FOURTH FLR  
SPRINGFIELD, IL 62761  
(217)782-6747

**LABORATORY MAILING ADDRESS:**