

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

LABORATORY NAME AND ADDRESS
CLEARVIEW DIAGNOSTICS
4887 ALPHA RD
SUITE 220
FARMERS BRANCH, TX 75244

CLIA ID NUMBER
45D2104045

EFFECTIVE DATE
07/26/2017

LABORATORY DIRECTOR
AARON K LEFEBRVE Ph.D.

EXPIRATION DATE
07/25/2019

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, Director
Division of Laboratory Services
Survey and Certification 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
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: 45D2104045
CLEARVIEW DIAGNOSTICS
MANACARE 4887 ALPHA RD SUITE 205
FARMERS BRANCH, TX 75244

STATE AGENCY ADDRESS AND PHONE NUMBER:

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
FACILITY LICENSING GROUP (MC 1979)
PO BOX 149347
AUSTIN, TX 78714-9347
(512)834-6792

LABORATORY MAILING ADDRESS: