

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

**LABORATORY NAME AND ADDRESS**  
PREFERRED ANATOMIC PATHOLOGY SERVICES  
1214 COOLIDGE BLVD  
LAFAYETTE, LA 70503

**CLIA ID NUMBER**  
19D0949393

**EFFECTIVE DATE**  
04/20/2024

**LABORATORY DIRECTOR**  
PETER BOZNER M.D.

**EXPIRATION DATE**  
04/19/2026

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

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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>
VIROLOGY (140)	02/21/2001
GENERAL IMMUNOLOGY (220)	12/19/2014
HISTOPATHOLOGY (610)	04/20/2000
CYTOLOGY (630)	04/20/2000

LAB CERTIFICATION (CODE)      EFFECTIVE DATE



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.