## CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS CREST VIEW NURSING HOME 612 VIEW ST NEW LISBON, WI 53950

52D0706961

LABORATORY DIRECTOR

JENNIFER BRANDAU

O9/01/2020

EXPIRATION DATE 08/31/2022

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.



Raven W Lyer

Karen W. Dyer, Director
Division of Clinical Laboratory Improvement & Quality
Ouality, Safety & Oversight Group

Quality, Safety & Oversight Group Center for Clinical Standards and Quality

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- If this is a <u>Certificate of Registration</u>, 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 <u>Certificate for Provider-Performed Microscopy Procedures</u>, 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 <u>Certificate of Waiver</u>, 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.

