

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

LABORATORY NAME AND ADDRESS

SPECTRA EAST INC
 8 KING ROAD
 ROCKLEIGH, NJ 07647

LABORATORY DIRECTOR
 MASSOUD S KASHANI MD

CLIA ID NUMBER
 31D0961672

EFFECTIVE DATE
 08/03/2007

EXPIRATION DATE
 08/02/2009

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.



Judith A. Yost

Judith A. Yost, Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Medicaid and State Operations

27 certs2_070707

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>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	09/16/1999		
MYCOLOGY (120)	11/01/1999		
SYPHILIS SEROLOGY (210)	11/07/2001		
GENERAL IMMUNOLOGY (220)	11/07/2001		
ROUTINE CHEMISTRY (310)	08/03/1999		
URINALYSIS (320)	11/08/2001		
ENDOCRINOLOGY (330)	11/07/2001		
TOXICOLOGY (340)	11/07/2001		
HEMATOLOGY (400)	08/03/1999		
ABO & RH GROUP (510)	11/08/2001		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.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.