

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF WAIVER*

LABORATORY NAME AND ADDRESS

WESTERN VA EMS COUNCIL INC  
1944 PETERS CREEK ROAD  
ROANOKE, VA 24017-0267

LABORATORY DIRECTOR  
CHARLES J LANE

CLIA ID NUMBER

49D0726034

EFFECTIVE DATE

08/05/2012

EXPIRATION DATE

08/04/2014

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.



A handwritten signature in blue ink that reads "Judith A. Yost".

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