CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

HEALTHTRACKRX INDIANA, INC DBA HEALTHTRACKRX 1500 INTERSTATE 35W DENTON, TX 76207

LABORATORY DIRECTOR

SHALINI A MURALIDHAR Ph.D.

CLIA ID NUMBER 45D2009077

EFFECTIVE DATE

07/06/2023

EXPIRATION DATE

07/05/2025

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, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

196 Certs2_060623

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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE

BACTERIOLOGY (110) 11/13/2017 MYCOLOGY (120) 11/13/2017 PARASITOLOGY (130) 07/28/2022 VIROLOGY (140) 11/13/2017



LAB CERTIFICATION (CODE) EFFECTIVE DATE



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: 45D2009077
HEALTHTRACKRX INDIANA, INC
DBA HEALTHTRACKRX
1500 INTERSTATE 35W
DENTON, TX 76207

STATE AGENCY ADDRESS AND PHONE NUMBER:

TEXAS HEALTH AND HUMAN SERVICES COMMISSION HEALTH FACILITY COMPLIANCE PO BOX 149030 (MC 1979)
AUSTIN, TX 78714-9030

LABORATORY MAILING ADDRESS: