

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS


CERTIFICATE OF REGISTRATION

LABORATORY NAME AND ADDRESS	CLIA ID NUMBER
MAYO CLINIC AMBULANCE COMMUNITY PARAMEDIC PROGRAM 501 6TH AVE NW ROCHESTER, MN 55901	24D2236565
LABORATORY DIRECTOR	EFFECTIVE DATE
BROOKE KATZMAN Ph.D.	10/01/2022
	EXPIRATION DATE
	09/30/2024

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.

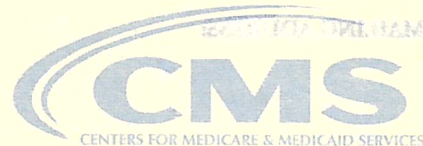
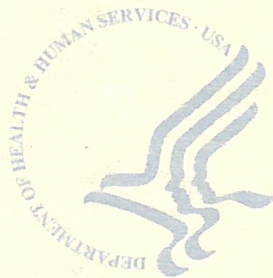
This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.




Gregg Brandush, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

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



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: 24D2236565
MAYO CLINIC AMBULANCE COMMUNITY
PARAMEDIC PROGRAM
MAYO CLINIC ATTN JENNY NOSBISCH PLUMMER 6 600 1
200 1ST ST SW
ROCHESTER, MN 55905



STATE AGENCY ADDRESS AND PHONE NUMBER:

MN DEPARTMENT OF HEALTH
LICENSING & CERTIFICATION SECTION CLIA PROGRAM
PO BOX 64900
SAINT PAUL, MN 55164-0900
(651)201-4120

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE
YOUR STATE AGENCY ADDRESS AND PHONE NUMBER
ON CONTACT YOUR LOCAL STATE AGENCY PLEASE SEE THE REVERSE FOR
FOR MORE INFORMATION AND TO VISIT OUR WEBSITE WWW.CMS.GOV