

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

LABORATORY NAME AND ADDRESS  
 UTMB BLOOD BANK PATHOLOGY CLINICAL  
 SERVICES  
 301 UNIVERSITY BLVD  
 GALVESTON, TX 77555

CLIA ID NUMBER  
 45D1005079

EFFECTIVE DATE  
 01/02/2008

LABORATORY DIRECTOR  
 M TAREK ELGHETANY MD

EXPIRATION DATE  
 01/01/2010

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

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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>
HEMATOLOGY (400)	01/02/2004		
ABO & RH GROUP (510)	01/02/2004		
ANTIBODY TRANSFUSION (520)	01/02/2004		
ANTIBODY NON-TRANSFUSION (530)	01/02/2004		
ANTIBODY IDENTIFICATION (540)	01/02/2004		
COMPATIBILITY TESTING (550)	01/02/2004		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://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.

# BB Accreditation

University of Texas Medical Branch

*having been assessed by AABB, has been found to meet the requirements of applicable Standards of this organization and therefore is granted this*

## CERTIFICATE OF ACCREDITATION

for the following activities:

Donor Center Activities  
Transfusion Activities

*In Witness whereof the undersigned, being duly authorized, have caused this Certificate to be issued and the AABB Corporate Seal to be affixed.*

*Effective Dates*

July 1, 2008 - June 30, 2010



*[Signature]*  
\_\_\_\_\_  
President, AABB

*[Signature]*  
\_\_\_\_\_  
Chair, Accreditation Program Committee