

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

LABORATORY NAME AND ADDRESS

APP-ECP LLC D/B/A EASTERN CAROLINA PAT
 2693 FOREST HILLS ROAD SW
 WILSON, NC 27893-8611

CLIA ID NUMBER

34D0947174

EFFECTIVE DATE

05/20/2009

LABORATORY DIRECTOR

CHERYL THORNE MD

EXPIRATION DATE

05/19/2011

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

72 certs2_042509

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>
VIROLOGY (140)	11/14/2006		
HISTOPATHOLOGY (610)	05/20/1999		
CYTOLOGY (630)	05/20/1999		



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.