

Ensuring Quality Patient Testing at the Point of Care



Ann E. Snyder, MT(ASCP)

Medical Technologist

Division of Laboratory Services

Centers for Medicare and Medicaid Services

New Jersey Point-of Care Testing Coordinators July 23, 2010













Objectives

- Identify the roles that CMS, the Division of Laboratory Services, Regional offices and State agencies provide to assure the safety and quality of patient testing in laboratories.
- Describe the current climate of waived testing
- Identify additional issues for laboratories performing point-of care testing.
- Identify on-line resources available to assist with administering a POC program.



















IS RESPONSIBLE TO THE

U.S. Congress for preserving,

MAINTAINING, AND ENHANCING

THE NATIONAL TREASURES

ENTRUSTED TO OUR CARE.



 Federal civil servants take an oath of office to support and defend the Constitution that established our system of government and the principles that govern our nation.

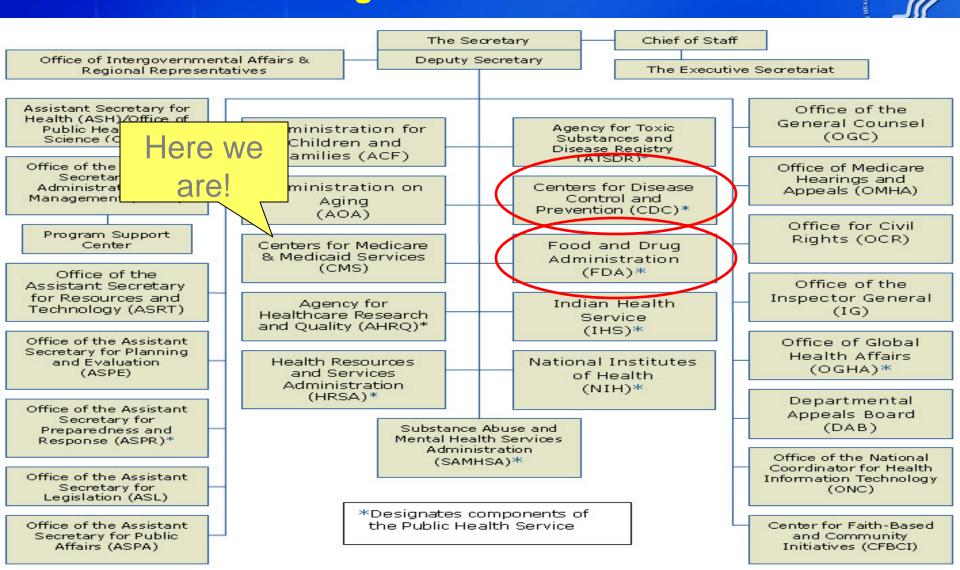




Secretary, U.S. Department of Health and Human Services

US Department of Health and Human Services Organizational Chart





- THE SERVICES AND A SERVICE AND A SERVICE
- A STANDARD ROOM OF THE PARTY OF
- Harris SERVICES AND SERVICES AN

- GAO Government Accountability Office
 - Judicial branch
 - Govt oversight body
- HHS Health and Human Services
 - Executive branch
- OIG Office of the Inspector General
 - Perform internal reviews





_

Tri-agency Relationship

Food & Drug Administration

FDA CDC

CLIA

CMS

Centers for Disease Control & Prevention

Center for Medicare and Medicaid Services







FDA

Food & Drug Administration



- Performs test categorization and develops corresponding regulations and guidance (CMS assigns the specialties and subspecialties)
- Consults with CMS & CDC on CLIA technical issues
- Regulates devices, blood, biologics and tissue banks







Centers for Disease Control & Prevention



- Provides....
 - scientific & technical consultation to CMS
 - technical assistance in the promulgation of **CLIA** regulations
 - education to the general public on good laboratory practices and standards
- Collects data for Certificate of Waiver Project
- Monitors and evaluates approved proficiency testing provider programs







CDC Clinical Laboratory Improvement Advisory Committee (CLIAC)

- Scientific and technical advice and guidance to the Secretary, HHS; the assistant Secretary for Health; the Director, CDC; the Commissioner, FDA; and the Administrator, CMS
 - regarding the need for, and the nature of, revisions to the CLIA standards
 - For ex., technological advances, other laboratoryrelated issues
 - the impact on the quality of medical and laboratory practice of proposed revisions to the standards and issues



CLIA

CLIAC STRUCTURE & MEMBERSHIP

Secretary HHS

FDA

CMS

CDC

APPOINTS

- ADVISES •20 voting members on CLIA •1 liaison member

 - •3 ex officio members

COMMITTEE
SUPPORT

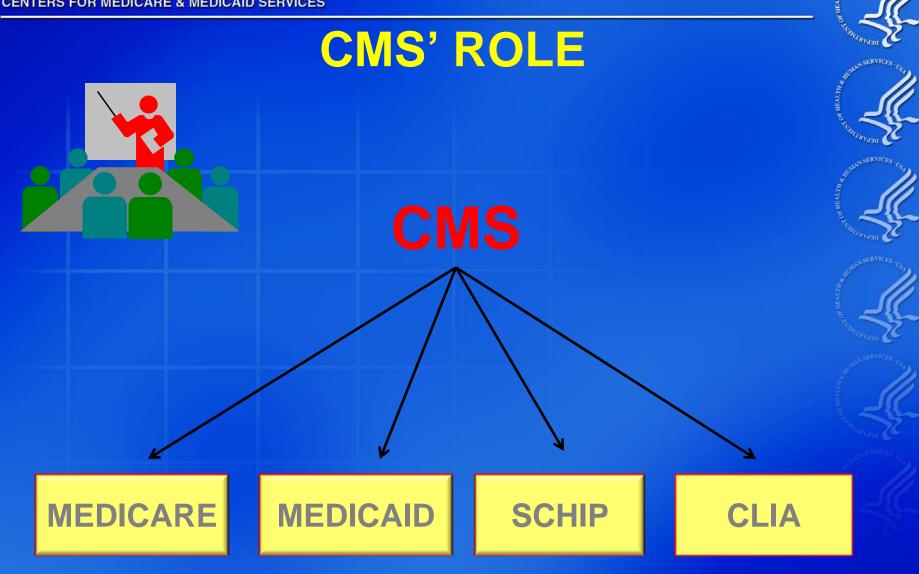






WELCOME TO BALTIMORE.....HON!









Do You Know.....

- Facilities seeking payment for laboratory services under the Medicare and/or Medicaid programs must meet applicable CLIA requirements.
- Entities which perform laboratory testing and do not receive Medicare and/or Medicaid reimbursement, <u>must also</u> hold the appropriate valid CLIA certificate and
- All must meet the applicable CLIA requirements for the testing offered.













Do You Know.....

- The objective of the CLIA program is to ensure quality laboratory testing.
- Although all clinical laboratories must be properly certified to receive Medicare or Medicaid payments, CLIA has no direct Medicare or Medicaid responsibilities.













THE WASHINGTON OF THE PARTY OF

Do You Know.....

- CLIA lab oversight does not include
 - Forensic labs
 - Research labs (where individual results are not reported to the client)
 - Substance Abuse and Mental Health
 Services (SAMHSA) certified labs
 - Paternity testing
- Because....."Laboratory" §493.2 Definitions





Federal & State Relationship

Central Office

Center for Medicare and

Medicaid Services

CLIA

Regional Offices

CLIA

State Agency

















CMS

"CENTRAL OFFICE"



Division of Laboratory Services

- Implement, manage & monitor the CLIA program
- Develop & implement regulations
- Approve/Re-approve
 - Accreditation Organizations/ Exempt States
 - Proficiency Testing programs







- Appendix C Interpretive Guidelines
- State Operations Manual
- Policy Memos
- Training for SA Surveyors
- RO/SA CLIA Oversight and Guidance

















- THE SERVICES . IS .
- To the Manual of the State of t
- THE PARTY OF THE P

- We Participate in.....
 - Workgroups that are internal and external to CMS and HHS.
 - CLSI Standards development
- Program Evaluation and Monitoring
- State Agency Performance Review
 - 1864 Agreement







- Design data system to accommodate the registering, billing & certification of laboratories
- Collaborate with govt and non-govt partners to address laboratory issues
 - Partners in Laboratory Oversight
 - http://www.cms.hhs.gov/CLIA/downloads/090606%20RevPartners%20Lab%20Oversight.pdf









- Presentations
- CLIA Brochures
- On-line resources
 - CLIA Website





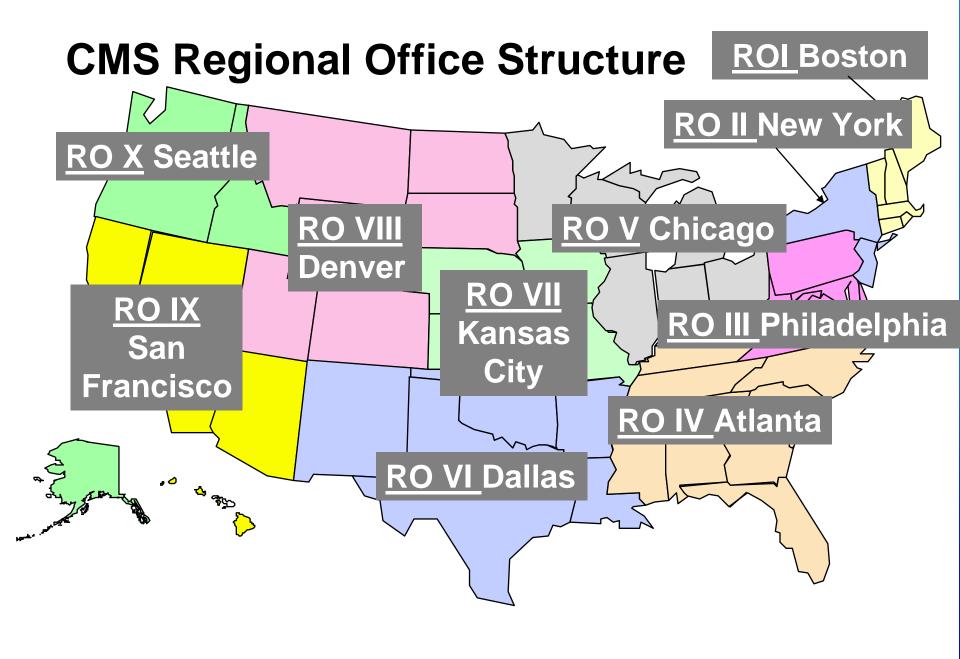












Regional Offices

THE REGIONAL OFFICES



- Liaison to state agencies for policy dissemination and technical assistance
- Approve, deny, or terminate certification
- Interpret guidelines, policies, and procedures
- Levy enforcement actions which may have Medicare reimbursement impact
- Oversee SA CLIA activities and
- Conduct surveyor orientation







Regional Offices

- Assist CO in training, with projects, policy development and distribution.
- Perform on-site surveys of laboratories, e.g., validations and State operated laboratories
- Oversee SA performance
 - State Agency Performance Review
 - Federal Monitoring Surveys









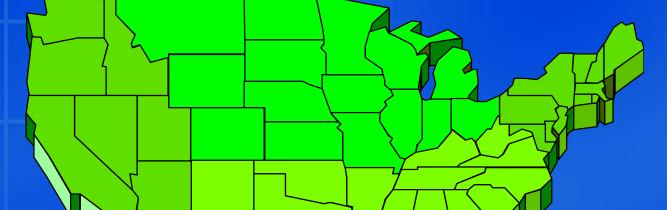






State Agencies



















State Agency

- Initiate enrollment process, verify and enter data
 - Receipt of CMS 116
- Perform PT desk review
 - What's PT Desk Review?
- Participate in federally directed projects
- Provide technical assistance to boratories













State Agency

State Agency







- Following surveys the SA will:
 - Certify and recertify laboratories
 - Solicit a Plan of Correction (POC) and other follow-up actions
 - Recommend sanctions to RO, if applicable







TYPES OF STATE AGENCY SURVEYS



Schedule and conduct.....

- Certification
- Recertification
- Revisit
- Complaint
- Validation Surveys

You're surprised that we review validation reports?









The Current Climate of Waived Testing





DEPARTMENT OF HEALTH & HUMAN SERVICES ERS FOR MEDICARE & MEDICAID SERVICES

By CLIA definition.....

Waived tests are:

- ".....simple laboratory examinations & procedures which employ methodologies that are so simple & accurate as to render the likelihood of erroneous results negligible...
 - --Or risk of harm to the patient if performed incorrectly.





CLIA requirements for waived laboratories.....



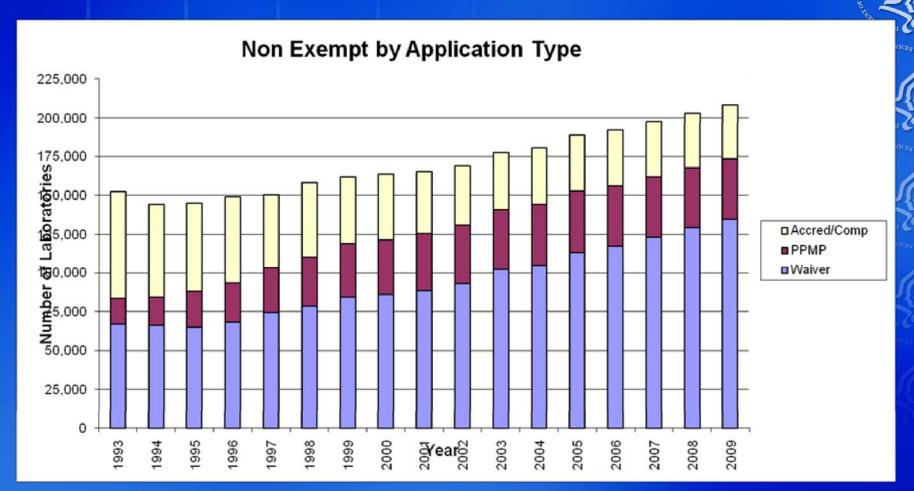
- Follow manufacturer's instructions
- Register w/ CMS
- Pay small certificate fee every 2 years







Number of Non-Exempt Labs by Certification Type







Current CLIA Statistics

	Total Nu	mber of	Laboratories:	214,875
--	-----------------	---------	----------------------	---------

– Compliance 19,178

- *Accredited* 16,095

- *Waived* 134,778

- Provider Performed Microscopy 38,509

– Exempt

NY

WA

CMS data base 10/2009

<u>6,315</u>

3,103

3,212











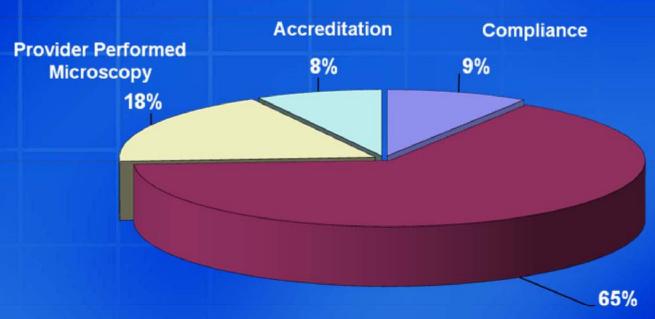




THE SERVICES AND THE SE

Current CLIA Statistics

CLIA Labs by Certificate Type
(Non-Exempt Only)



Source: CMS CLIA database 10/22/2009

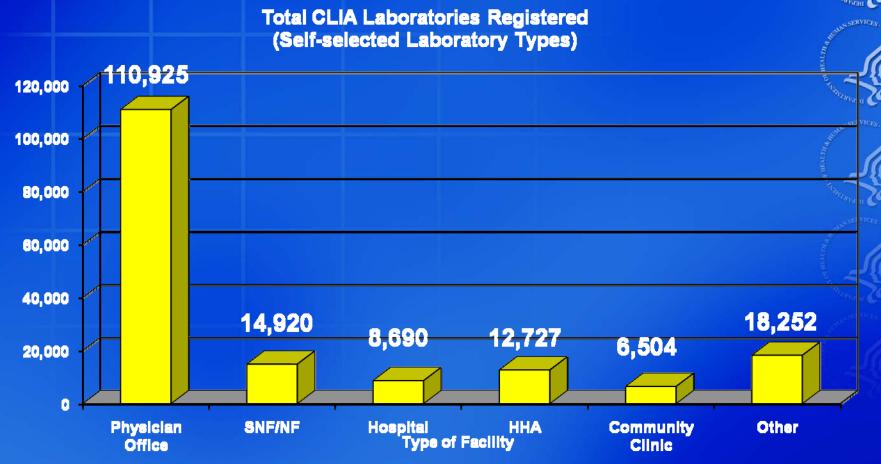
Waiver





THE PART OF THE PA

Current CLIA Statistics





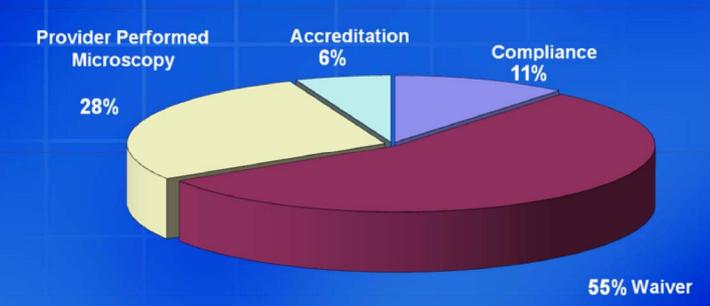
October/2009

CLIA

Current CLIA Statistics

Physician Office Laboratories by CLIA Certificate Type

(Non-Exempt Only)



Source: CMS CLIA database 10/22/2009











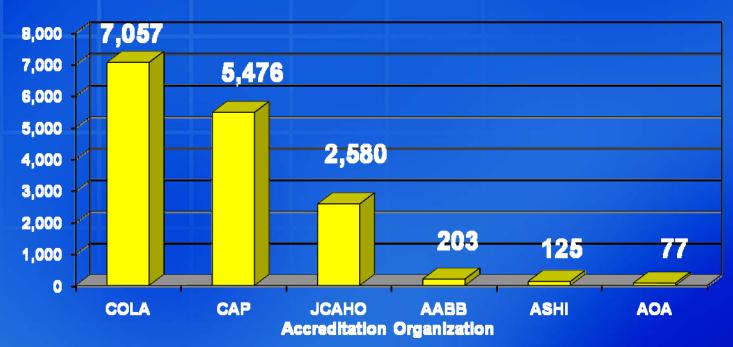




WASHININ WAND

Current CLIA Statistics

Number of CLIA Certificate of Accreditation Laboratories by Accreditation Organization







Growth of Waived Tests & Laboratories

Since 1992.....

- CLIA-waived tests have increased from 8 to about 100 tests.
 - This represents 1000's of test systems!
- The number of laboratories issued a CW has grown exponentially from 20% to 64% of the >209,000 laboratories enrolled.















Top Five Frequently Used Waived Tests

Waived Tests	Test Systems Waived Jan.1, 1988 – Dec. 31,1998	Test Systems Waived Jan.1, 1999 – Dec.31, 2008
Fecal Occult Blood	27	58
Glucose Monitoring Devices	109	475
HcG-pregnancy testing (urine-visual color comparison)	219	279
Hemoglobin (single analyte instrument)	3	24
Ovulation tests	29	34







Current Issues in Waived Testing













Growth of Waived Tests & Laboratories

- Waived tests increased due to new, accurate & robust technologies designed by manufacturers
 - Meet FDA criteria for waiver
 - Tested under ideal conditions
 - Performed by individuals w/without some lab background















Growth of Waived Tests & Laboratories

- Waived labs increased due to growth in numbers & types of waived tests. These are:
 - Most frequently performed tests
 - Tests typically done in POC settings
- Waived status is an incentive due to no government oversight
 - Creates less burden to the lab
 - Decreases cost to the lab
 - No PT
 - No routine survey













CMS Position on Waived Testing

- S. C. STELING CORN.
- Continue to increase, POCTs offer timely, efficient, convenient patient care
- Increased testing comes w/ issues:
 - Testing personnel not trained; may not ID problems
 - ✓ No routine oversight w/ no funding/resources
 - Minimal QC required
 - Pre & post analytical issues





Next Steps for Waived Testing.....

- Number of CW labs increasing exponentially
- Education is effective, but resources are lacking
- CMS developed "Issue" paper w/ multi-faceted recommendations for agency mgt.
- CMS to convene w/ Partners (AOs) to develop long & short term plans w/ related studies.
- Stay tuned.....







CMS CERTIFICATE OF WAIVER (CW) PROJECT

- For the CW project, 2% of CW labs/yr.
- Respond to waived testing questions
- Receive education on good laboratory practices
- Approved to continue into 2010















"Recommendations: Clinical Laboratory Improvement Amendments of 1988 (CLIA) Waiver Applications for Manufacturers of In Vitro Diagnostic Devices"

- FDA Guidance issued: January 30, 2008
- Federal Register: October 20, 2009 (Volume 74, Number 201)] [Notices]
- Submit written or electronic comments on the collection of information by December 21, 2009.

http://edocket.access.gpo.gov/2009/E9-25177.htm







CBC Waiver General Concerns

- Should a CBC be categorized as waived?
 Does it meet definition of "simple"?
- How does the device perform under real lab conditions w/ actual testing personnel?
- How are varying hematological clinical conditions & patient populations addressed?
- The level of expertise to operate the device & judgment required to interpret the test results











PT Referral WARNING!!

- PT referral results in the most serious CLIA penalties
 - Loss of CLIA certificate for one year.
 - Includes cancellation of Medicare/Medicaid payment
 - -Lab dir can't direct ANY lab for 2 yrs
 - Listed on CLIA Annual Lab Registry—
 CMS web site















PT Referral WARNING!!

- CMS prevailed in <u>all</u> appeals to date
- CMS sent letter to LDs w/ PT FAQs for labs; now on web
- CMS CO reviews all cases for accuracy, consistency & to facilitate better policy















PT Regulation Update

- 2008 CLIAC recommendation
- PT programs met November 2008
- CLIAC WG met March 2010
- Evaluating regulations
- mechanisms for analyte /test selection
- target values,
- grading criteria
- PT referral
- alternative assessment
- genetic tests
- Requires a proposed rule w/ comment & final
- WG will report to CLIAC in September 2010



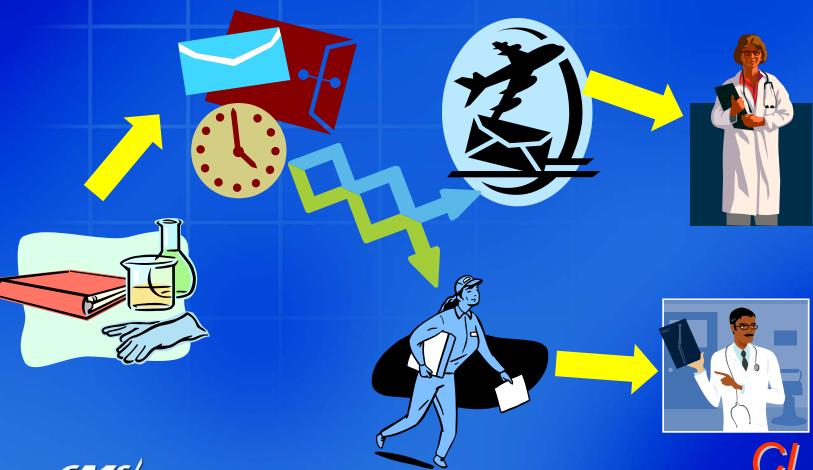


































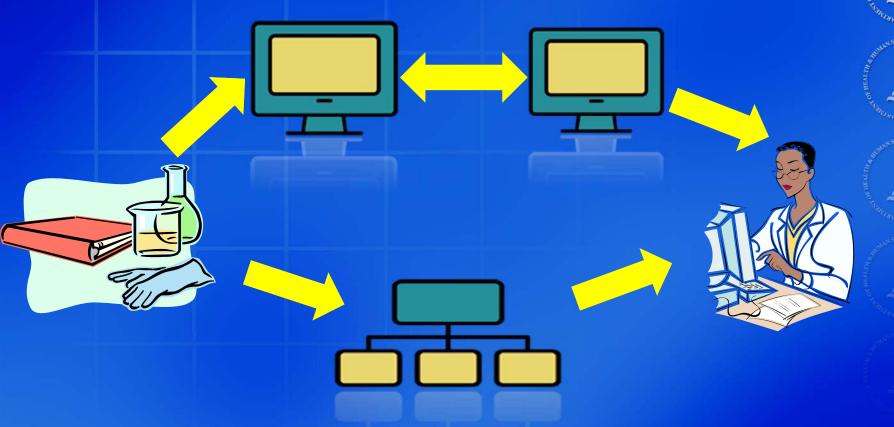
















- CLIA requires reporting to State authorized person
 - Or individual who will use them
 - Or referring laboratory
- CLIA requires certain data elements
- CLIA requires accurate, timely, reliable & confidential transmission regardless of mechanism
- <u>Issues:</u> State laws, incompatible systems & terminology, lab responsibilities, oversight of EHRs & HIEs













Misperception: CLIA doesn't permit patients to receive test results directly; CLIA regulations should be changed to permit patients to receive their results.

Clarification: Depending on State law, patients may be able to order & receive test results or the authorized person may request a copy for the patient when ordering the test. (493.1241 & 493.1291) This area of the regulations still under discussion with ONC.





- Newly clarified CMS CLIA Interpretive Guidance for EHRs released Mar. 1, 2010 !!
 - Contains expanded information, guidance
 & regulatory interpretations for test
 ordering, record retention & result reporting
 - Under the <u>current</u> regulations!
- Accompanied by corresponding FAQs.
- http://www.cms.hhs.gov/SurveyCertificationG enInfo/downloads/SCLetter10-12.pdf





An agent is an individual or entity legally acting on behalf of the authorized person to receive test results







- Regulations are unchanged
- Interpretive Guidance revised for specific regulations
- Survey Process remains the same
- Laboratories must make sure that all the required data elements are in their test reports
- Laboratories must confirm the accuracy/timeliness of their data transmissions















- Applies to all entities performing human testing, regardless of site
- Laboratories performing waived testing are excluded from CLIA standards.
 - This represents 62% of labs that have virtually no oversight







- CLIA requires <u>accurate</u>, <u>timely</u>, <u>reliable</u> & <u>confidential</u> transmission regardless of mechanism
 - §493.1291 Test report
- CLIA requires results to "authorized persons" individual who will use them under State law
 - §493.1291(f)





THE STANCES AND THE STANCES AN

- A THE PART OF THE
- All State laws are "not created equal" for test ordering and reporting
 - eive test
 - specify only physicians can order tests and receive test results
 - patients may order tests and receive results on themselves
 - law is silent on the subject





- CLIA requires certain data elements on test requisition
 - §493.1241 Test request















Electronic Health Records Data Exchange......



- U.S. National Health Information Network(NHIN)
- Health Information Exchanges(HIE)
- Regional Health Information Organizations(RHIOs)
- Office for the National Coordinator (ONC)
- National Governors Association (NGA)





» American Indian/Alaska Native Center

http://www.hhs.gov/stopmedicarefraud/

THE THE PARTY OF T

100%

Trusted sites

Online Resources - CMS Website



» Ombudsman Center

CLIA Website





Clinical Laboratory Improvement Amendments (CLIA)

Overview

- » Cytology Proficiency Testing
- » Interpretive Guidelines for Laboratories
- » Policy & Data Reporting Guidance for CMS-2226-F
- » CLIA Brochures
- » How to Apply for a CLIA Certificate, Including International Laboratories
- » Program Descriptions/Projects
- » Certificate of Waiver Laboratory Project
- » CLIA Regulations and Federal Register Documents
- » Categorization of Tests
- » CLIA Certificate Fee Schedule
- » State Agency & Regional Office CLIA Contacts
- » Accreditation Organizations/Exempt States
- » Proficiency Testing Providers
- » CME Courses for Laboratory Directors of Moderate Complexity Laboratories
- » Certification Boards for Laboratory Directors of High Complexity Testing
- » CLIA Statistical Tables/Graphs
- » Laboratory Registry
- » CLIA Related Hearing Decisions and Compliance Topics
- » Laboratory Demographics Lookup

Overview

The Centers for Medicare & Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. through the Clinical Laboratory Improvement Amendments (CLIA). In total, CLIA covers approximately 200,000 laboratory entities. The Division of Laboratory Services, within the Survey and Certification Group, under the Center for Medicaid and State Operations (CMSO) has the responsibility for implementing the CLIA Program.

The objective of the CLIA program is to ensure quality laboratory testing. Although all clinical laboratories must be properly certified to receive Medicare or Medicaid payments, CLIA has no direct Medicare or Medicaid program responsibilities.

For the following information, refer to the downloads/links listed below:

- · For additional information about a particular laboratory, contact the appropriate State Agency or Regional Office CLIA contact (refer to State Agency or Regional Office CLIA link found on the left-hand navigation plane);
- CMS initiatives to improve quality of laboratory testing under the CLIA program; · Updated FYI CLIA information is contained in the Current CLIA News download;
- Information about direct access testing (DAT) and the CLIA regulations is included in the Direct Access Testing download:
- · OIG reports relating to CLIA;
- · Guidance for Coordination of CLIA Activities Among CMS Central Office, CMS Regional Offices, State Agencies (including State with Licensure Requirements), Accreditation Organizations and States with CMS Approved State Laboratory Programs is contained in the Partners in Laboratory Oversight download;
- Quality control (QC) highlights from the regulations published in the Federal Register on January 24, 2003 are listed under the QC Highlights download;
- · Micro sample pipetting information for laboratories;
- CLIA presentation at NIAID/CMCR Workshop on the FDA Pre-Market Regulatory Process: Applications to Technologies for Radiation Biodosimetry After a Large-Scale Radiological Incident, March 27th, 2006, Bethesda, MD;
- · Information on alternative (non-traditional) laboratory is contained in the Special Alert download;
- Survey and Certification memorandum entitled "Doctors of Optometry Serving as Directors and/or Technical Consultants for Laboratories Performing Moderate Complexity Testing":
- . Identifying Best Practices in Laboratory Medicine a Battelle Project for the Centers for Disease Control and Prevention
- Survey and Certification memorandum entitled "Clinical Laboratory Improvement Amendments (CLIA) -- Impact of A/H1N1 Swine Flu on CLIA Operations."

For specific information about the quality assurance guidelines for testing using the OraQuick® Rapid HIV-1 Antibody Test, refer to the CDC Division of Laboratory Systems website listed under the related links outside CMS section below.

Complaint Reporting



CLIA Website



Clinical Laboratory Improvement Amendments (CLIA)

Overview

- » Cytology Proficiency Testing
- » Interpretive Guidelines for Laboratories
- Policy & Data Reporting Guidance for CMS-2226-F
- » CLIA Brochures
- » How to Apply for a CLIA Certificate, Including International Laboratories
- » Program Descriptions/Projects
- Certificate of Waiver Laboratory Project
- » CLIA Regulations and Federal Register Documents
- » Categorization of Tests
- » CLIA Certificate Fee Schedule
- » State Agency & Regional Office CLIA Contacts
- » Accreditation Organizations/Exempt States
- » Proficiency Testing Providers
- * CME Courses for Laboratory Directors of Moderate Complexity Laboratories
- Certification Boards for Laboratory Directors of High Complexity Testing
- CLIA Statistical Tables/Graphs
- » Laboratory Registry
- » CLIA Related Hearing Decisions and Compliance Topics
- » Laboratory Demographics Lookup

Overview

The Centers for Medi the U.S. through the laboratory entities. T Medicaid and State O

The objective of the certified to receive M

For the following info

- For additional is contact (refer
- CMS initiatives
- Updated FYI Cl
- Information about download;
- OIG reports related
- Guidance for Co State with Lice Programs is cor
- Quality control 2003 are listed
- Micro sample pi
- CLIA presentat Radiation Biodo
- Information on
- Survey and Cer for Laboratories
- Identifying Bes (CDC); and
- Survey and Cer Swine Flu on C

For specific information refer to the CDC Divis

Complaint Reportin





CLIA Brochures





Clinical Laboratory Improvement Amendments (CLIA)

> Updated Regulations Brochure #1*

How do they affect my laboratory?

Changes in the CLIA regulations include A new format, some new terminology, and updated requirements.

Important information to help keep your laboratory in compliance!

NOW. On Junuary 24, 2001, the Gentre for Desire Gentral and Prevention (COC) and the Center for Medicar to Medical Services (COL) published for all advanters updates on (CLIA) that Desire effective April 24, 2001. A summary of the updated requirements are included in the forecasts. However, the historists in each again Junuared. The effect of LAD prepara previous are contained in the selevant loss, regulations and realings. For more complete information, you may assore the regulations on the Internet allary (www.physio.de.gov/CLIA/mgp./his.asp.

* This brochure is one in a series to foll





Clinical Laboratory Improvement Amendments (CLIA)

Verification of Performance Specifications Brochure #2

What is it and how do I do it?

The CLIA regulations now include a requirement for verifying the performance specifications of unmodified, moderate complexity tests cleared or approved by the FDA.

Information to assist your laboratory in meeting this CLIA requirement!

NATE. On James 24, 200. Net Cerim to Dissour Cerim and Describes (CDL) and the Cerim in the Minister in Molecular Services (CDR) gradual bull dissessive graphics (ELLs) dust became effective April 28, 200. A nonemer of the spoked requirements pertaining to participation operations or entiresisten in reducing in the Dechama. However, the break-one into to legal day stress, the Wichid CLK program provisions are contained in the relevant to application and religious. For more completely in directions, one up a some the applications on the application and religious. For more completely in directions, one way a some the applications on the contractions.



Clinical Laboratory Improvement Amendments (CLIA)

Calibration and Calibration Verification

Brochure #3

What is calibration, and how do I do it?

Information to assist your laboratory in meeting this GLIA requirement for nonwaised (moderate and high complexity) and systems!

SCITE On Journey 14, 1981, the Centers had Disease Control and Provention 6,200, and the Control for Medicine 4 Advicable Theorem 5.2501, and find the Memory regulations 6,2100, that because effective April 3,1 2001, it automaty of speland requirements proteining to collisions and collisions are resident in the feet from the Part of the Control and the Control and Control a







quivalent Quality Control Procedures

Brochure #4

What are they, and when can I use them?

Information to axist your laboratory in meeting this CLIA quality control requirement option for nonvenired (moderate and high complexity) test systems:

wiTE: On Immay 24, 2013, the Content for Desputa Centeric and Description (CEC) and the Content for Medical Secription (CME) guidable of horizontery regulations of CLUA) the threatment (finite-land and the CLUA) that the content of any invariant quality control options to architect for this brockens. However, this brockens is not a logal decounter. The rights (CLUA) program provisiones are contained to the vicewar law, regulations and things, For more complete inflatations, you may account the topolations on the financial of the content and unique for more complete inflatations, you may account the topolations on the financial at the properties and any content of the content and unique for more complete inflatations, you may account the topolations on the financial and the content and unique for more content and the content and unique for the









(CLIA)

How to Obtain a
CLIA Certificate

Amendments

When is a CLIA Certificate Required?







Clinical Laboratory Improvement Amendments (CLIA)

How to Obtain a CLIA Certificate of Waiver

When is a CLIA Certificate of Waiver Required?

NOTE: Compete passed the Citistic Laboratory Experimental Association (CLLA) in 1904 conhibiting onlight senaturbo for all horizer toring to enter the accuracy, reliability and timeliness of patient set results regardless of where the test was performent. The first CLLA replations were problined in the Technical Expirate on Federacy 31, 1992. The regardness are based on the complexity of the test and not referred to the complexity of the test and not consider the complexity of the test and not consider the complexity of the test and not referred to the complexity of the test and not consider the complexity of the test and not consider the complexity of the consideration for the consideration and Prevention (CCL) and the Centur in Medicage & Madeiral Services (CMS) published feat CLLA Quality Systems laboratory regulations that because Ordered and Prevention (CLLA Quality Systems laboratory) regulations that because Ordered and Prevention (CLLA Quality Systems laboratory).







Clinical Laboratory Improvement Amendments (CLIA)

Laboratory Director Responsibilities

What Are My Responsibilities As A Laboratory Director

NOTE: Compres penud the Chrisal Laboratory Improvement Annudronis (CLIA) in 1986 untilidation quality standards for all theoratory integrity near the reason retained in 1986 untilidation, the present for results regardless of where the test started, performed. The find ICLIA regulation were published in the Federial Register on Federica Register on Federica Register on Section 1987, 1992. The requirements are based on the complexity of the test and not the type of Laboratory when the integrity optimized. So laising 32, 2005, the Medical Services (CANS) published find CLIA Quality Systems laboratory regulations that beare effective April, 32, 2005.







Clinical Laboratory Improvement Amendments (CLIA)

> PROFICIENCY TESTING

> > DOs and DON'Ts

NOTE: Congrus passed the Clinical Luberstory Improvement Amendments (CLIA) is 1988 establishing quality standards for all luberstory strateg to essure the accusacy, reliability and standards or plantes star results expendition of where the cus was performed. The final CLIA regulations were published to the Federal Regione on Referency 28, 1992. The requirements are known to the complexity of the near and use the type of luberstory where the matiga to performed. On January 24, 2005, the Centre for Produces Command and Procession (CDC) and the Centre for Medicare & Medical Service (CMS) published final CLIA Quality Systems laboratory prelations that Server Reference Refered Epril, 24, 2003.









Laboratory Demographics Lookup

<u>CMS Home</u> > <u>Research, Statistics, Data and Systems</u> > <u>Clinical Laboratory Improvement Amendments (CLIA)</u> > Laboratory Demographics Lookup

Clinical Laboratory

Look up by.....
Number
Name
Geography
Application Type
Exemption Status

- Certificate, Including
 International Laboratories
- » Program Descriptions/Projects
- Certificate of Waiver Laboratory Project
- CLIA Regulations and Federal Register Documents
- Categorization of Tests
- CLIA Certificate Fee Schedule
- State Agency & Regional Office CLIA Contacts
- Accreditation
 Organizations/Exempt
 States
- Proficiency Testing Providers
- * CME Courses for Laboratory Directors of Moderate Complexity Laboratories

Laboratory Demographics Lookup

website provides demographic information about laboratories, including CLIA number, facility address, where the laboratory testing is performed, the type of CLIA certificate, and the certificate expires. For additional information about a particular laboratory, contact the ate State Agency or Regional Office CLIA contact (refer to State Agency or Regional Office k found on the left-hand navigation pane).

Data source: OSCAR database, CLIA subsystem as of 10/02/2009

Lab Look-up data updated quarterly

Select laboratory report criteria:

By Number:
CLIA Number:
By Name:
Laboratory Name:
If a laboratory name is entered and the all states box is checked, every state that has that laboratory name will be displayed. If the all states box is unchecked, only laboratories in the state selected in the geography section will be displayed.
☐ Check this box if you want to search all states (Must enter a laboratory name or partial name to search all states).
Dec Con avantage
By Geography:

Trusted sites 100%

Home About CDC Press Room Funding A-Z Index Centers, Institute & Offices Training & Employment Contact Us

CDC en Español



Department of Health and Human Services

Centers for Disease Control and Prevention

Enter Search Terms (50)

Health & Safety Topics

Publications & Products

Data & Statistics

Conferences & Events

DLS Content

- DLS Home
- Best Practices
- > CLIA
- Genetics
- Institutes
- International
- MASTER
- Monitoring
- MPEP
- > NLTN
- Publications
- Quality Conferences
- Training
- Waiver

Other DLS Resources

Resource Links

Division of Laboratory Systems



Best Practices in Laboratory Medicine

DLS is leading a national effort to evaluate best practices in Laboratory Medicine...

■ more



National Laboratory System

A nationwide laboratory system is crucial to the future health and safety of our communities...

■ more



International Laboratory

Related Resource and Activity Directory...

more:



DPDX

Contact Info

NCPDCID

C82

USA

Upcoming Events

1600 Clifton Road, MS-

Atlanta, GA 30333

Guidelines

MMWR - Good Laboratory Practices for Molecular Genetic Testing for Heritable Diseases and Conditions [HTML | PDF]

- MMWR Good Laboratory Practices for Waived Testing Sites
- Coagulation Laboratory Testing Practices
- Antimicrobial Susceptibility Testing: A self-study program - an interactive CD-ROM experience from the producers of MASTER.
- A New Era in Newborn Screening: Saving Lives, Improving Outcomes - Webcast, Program Materials Now Available on CD ROM and VHS
- Guidelines for Appropriate Evaluations of HIV Testing Technologies in Africa (PDF).
- Public Health Teleconference Series on Infectious





U.S. Department of Health & Human Services

U.S. Food and Drug Administration			A-Z Index	Search		
	lome Food Drugs Medic mitting Products Tobacco		logics Animal 8	t Veterinary Cosmetics Radiation		
A	oout FDA	Share	Email this page	e ☑ Print this page 启 Change Font Si		
Но	me > About FDA > Centers &	t Offices > About the Center for D	evices and Radi	ological Health		
	Centers & Offices	Office of In Vitro	Diagnos	tic Device Evaluation		
	About the Center for Devices and Radiological Health	and Safety The Office of In Vitro Diagnostic Device Evaluation and Safety (OIVD) regulates all aspects of in-home and laboratory diagnostic tests (in vit				
CDRH Offices		diagnostic devices, or IVDs). The Office was formed November 17, 2002				
	Office of the Center Director					
	Office of Communication, Education, and Radiation Programs					
	Office of Compliance	responsibilities of the Office of Device Evaluation (ODE), the enforcement				
	Office of Device Evaluation	responsibilities of the Office of Consurveillance responsibilities of the		Office of Surveillance and Biometrics		
•	Office of In Vitro Diagnostic Device Evaluation and Safety	(OSB). To support these regulatory responsibilities, OIVD maintains str ties to the Office of Science and Engineering Laboratories (OSEL) for te- assistance, the Office of Communication, Education, and Radiation Prog				

Office of Management

Office of Science and

Engineering Laboratories

Office of Surveillance and

Operations

Biometrics

Office of In Vitro Diagnostic Device Evaluation and Safety

Share ☐ Email this page ☐ Print this page ☐ Change Font Size ☐ ☐

The Office of In Vitro Diagnostic Device Evaluation and Safety (OIVD) regulates all aspects of in-home and laboratory diagnostic tests (in vitro diagnostic devices, or IVDs). The Office was formed November 17, 2002, in order to consolidate all regulatory activities for IVDs. OIVD has a dual charge to foster the rapid transfer of new IVDs into the marketplace while preventing marketing of unsafe or ineffective devices. To accomplish this OIVD combines the functions of all the offices within CDRH into one organizational unit for cradle-to-grave regulation of in vitro diagnostic devices (IVDs). OIVD carries out this Total Product Life Cycle approach by combining the pre-market review responsibilities of the Office of Device Evaluation (ODE), the enforcement responsibilities of the Office of Compliance (OC), and the post-market surveillance responsibilities of the Office of Surveillance and Biometrics (OSB). To support these regulatory responsibilities, OIVD maintains strong ties to the Office of Science and Engineering Laboratories (OSEL) for technical assistance, the Office of Communication, Education, and Radiation Programs (OCER) for communication and outreach assistance, and the Office of Management Operations (OMO) for program management assistance. The result is a multi-disciplinary and cross-linked organization which fosters efficient cradle-to-grave oversight of IVDs grounded in good science.

OIVD consists of a multidisciplinary group of scientists, medical technologists, policy analysts, engineers, pathologists, and clinicians who are collectively dedicated to promoting and protecting public health. Regardless of discipline, the staff strives to ensure that the medical and laboratory communities as well as other product users affected by their decisions have useful and safe products and they understand that information can foster better use of products. Consequently, the Office strives to ensure the work is transparent in order to allow all stakeholders to obtain the knowledge required to make informed decisions about the development, production, and



www.hhs.gov







Where to Find CLIA Info:

CMS CLIA Web site:

– www.cms.hhs.gov/clia/

CLIAC

– http://wwwn.cdc.gov/cliac/

CDC/DLS

http://wwwn.cdc.gov/dls/default.aspx

FDA/OIVD

http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CD RHOffices/ucm115904.htm

Contact me at:

ann.snyder@cms.hhs.gov













Questions??

THANK YOU!!















CLIA