

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

**LABORATORY NAME AND ADDRESS**  
**KNIGHT DIAGNOSTIC LABORATORIES**  
**2525 SW 3RD AVENUE SUITE 350**  
**PORTLAND, OR 97201**

**CLIA ID NUMBER**  
**38D0881787**

**EFFECTIVE DATE**  
**01/01/2022**

**LABORATORY DIRECTOR**  
**CHRISTOPHER CORLESS M.D.**

**EXPIRATION DATE**  
**12/31/2023**

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.



*Regina S. Van Brakle*  
 Regina S. Van Brakle, Acting Director  
 Division of Laboratory Services  
 Survey and Certification Group  
 Center for Clinical Standards and Quality

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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>
HISTOCOMPATIBILITY (010)	07/19/2013
VIROLOGY (140)	01/01/2000
GENERAL IMMUNOLOGY (220)	01/01/2000
ROUTINE CHEMISTRY (310)	01/01/2000
HEMATOLOGY (400)	05/22/2009
CYTOGENETICS (900)	02/25/2005

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.**