

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

VIROMED LABORATORIES, INC
1447 YORK COURT, ROOM 105
ATTN BRIAN BURT
BURLINGTON, NC 27215

CLIA ID NUMBER

24D0400424

EFFECTIVE DATE

02/28/2025

LABORATORY DIRECTOR

DR. AJAY GROVER

EXPIRATION DATE

02/27/2027

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

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:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
MICROBIOLOGY - BACTERIOLOGY (110)	09/06/1995		
MICROBIOLOGY - VIROLOGY (140)	09/06/1995		
DIAGNOSTIC IMMUNOLOGY - SYPHILIS SEROLOGY (210)	07/29/2005		
DIAGNOSTIC IMMUNOLOGY - GENERAL IMMUNOLOGY (220)	09/06/1995		
IMMUNOHEMATOLOGY - ABO GROUP & RH TYPE (510)	05/03/2017		

**PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA.**