

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

LABORATORY NAME AND ADDRESS
FLORIDA'S BLOOD CENTERS INC
WEST MARION TRANSFUSION SERVICE
4600 SW 46TH COURT
WEST MARION COMMUNITY HOSPITAL BLOOD BANK LAB
OCALA, FL 34474

CLIA ID NUMBER
10D1003041

EFFECTIVE DATE
12/31/2007

LABORATORY DIRECTOR
RICHARD R GAMMON MD

EXPIRATION DATE
12/30/2009

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.



A handwritten signature in cursive script, which reads "Judith A. Yost".

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations