

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

**LABORATORY NAME AND ADDRESS**  
INDIANA ANIMAL DISEASE DIAGNOSTIC  
406 S UNIVERSITY  
WEST LAFAYETTE, IN 47907

**CLIA ID NUMBER**  
15D2181948

**EFFECTIVE DATE**  
09/08/2022

**LABORATORY DIRECTOR**  
XIAOYING K WAN M.D.

**EXPIRATION DATE**  
09/07/2024

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.



*Monique Spruill*  
Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight 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>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
VIROLOGY (140)	09/08/2020		



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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.



**CLIA ID Number: 15D2181948**  
INDIANA ANIMAL DISEASE DIAGNOSTIC  
406 S UNIVERSITY  
WEST LAFAYETTE, IN 47907

**STATE AGENCY ADDRESS AND PHONE NUMBER:**  
INDIANA STATE DEPARTMENT OF HEALTH  
DIVISION OF ACUTE CARE SERVICES  
2 NORTH MERIDIAN ST RM 4A  
INDIANAPOLIS, IN 46204  
(317)233-7502

**LABORATORY MAILING ADDRESS:**