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

## **CERTIFICATE OF REGISTRATION**

LABORATORY NAME AND ADDRESS

DIAGNOSTIC LABORATORY SERVICES-KOHALA HOSP 54-383 HOSPITAL ROAD KAPAAU, HI 96755 **CLIA ID NUMBER** 

12D2305342

EFFECTIVE DATE

05/29/2024

LABORATORY DIRECTOR

DR. TOMOMI YAFUSO

**EXPIRATION DATE** 

05/28/2026

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 this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.