

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF WAIVER*

LABORATORY NAME AND ADDRESS  
FORT SANDERS REGIONAL MEDICAL CENTER L  
FSW ANTI COAGULATION CLINIC  
220 FORT SANDERS WEST BLVD MOB #2  
SUITE 205  
KNOXVILLE, TN 37922

LABORATORY DIRECTOR  
GARY COOPER MD

CLIA ID NUMBER  
44D1091107

EFFECTIVE DATE  
11/20/2011

EXPIRATION DATE  
11/19/2013

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 blue ink that reads "Judith A. Yost".

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