

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

LABORATORY NAME AND ADDRESS

GABELL HUNTINGTON HOSPITAL FAMILY MEDI  
 750 OAK STREET  
 KENOVA, WV 25530

LABORATORY DIRECTOR  
 DAVID L PORTER MD

CLIA ID NUMBER

51D1015221

EFFECTIVE DATE

07/28/2007

EXPIRATION DATE

07/27/2009

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 herein (and other approval 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.



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