

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS

GOMANCHE FAMILY CARE  
303 N. HIGHWAY 81  
GOMANCHE, OK 73529

CLIA ID NUMBER

37D0915219

EFFECTIVE DATE

05/21/2018

LABORATORY DIRECTOR

DAN E. CRISWELL

EXPIRATION DATE

05/20/2020

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.



*Karen W. Dyer*  
Karen W. Dyer, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

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