

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

**LABORATORY NAME AND ADDRESS**  
MLM MEDICAL LABS, MN  
3510 HOPKINS PL N  
OAKDALE, MN 55128

**CLIA ID NUMBER**  
24D2043537

**EFFECTIVE DATE**  
01/24/2023

**LABORATORY DIRECTOR**  
SHANNA M MORGAN MS, MD

**EXPIRATION DATE**  
01/23/2025

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>
HISTOPATHOLOGY (610)	03/19/2019		



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.



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LABORATORY NAME AND ADDRESS  
MLM MEDICAL LABS, INC  
3510 HOPKINS PL N  
OAKDALE, MN 55128

LABORATORY DIRECTOR

SHARMA M MORCHANI, MD



**CLIA ID Number: 24D2043537**

MLM MEDICAL LABS, MN  
3510 HOPKINS PL N  
OAKDALE, MN 55128

**STATE AGENCY ADDRESS AND PHONE NUMBER:**

MN DEPARTMENT OF HEALTH  
LICENSING & CERTIFICATION SECTION CLIA PROGRAM  
PO BOX 64900  
SAINT PAUL, MN 55164-0900  
(651)201-4120

**LABORATORY MAILING ADDRESS:**

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER  
OR CONTACT YOUR LAB AT STATE AGENCY PLEASE SEE THE REVERSE FOR  
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