

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

LABORATORY NAME AND ADDRESS  
SANFORD NORTHERN SKY CLINIC  
4535 NORTHERN SKY DRIVE  
BISMARCK, ND 58503

CLIA ID NUMBER  
35D2217149

EFFECTIVE DATE

05/05/2022

EXPIRATION DATE

05/04/2024

LABORATORY DIRECTOR

SRI KRISHNA ARUDA M.D.

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:

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

URINALYSIS (320)

05/05/2022

HEMATOLOGY (400)

05/05/2022



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.

**CLIA ID Number: 35D2217149**  
SANFORD NORTHERN SKY CLINIC  
222 N 7TH ST ATTN LAB  
BISMARCK, ND 58501

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**STATE AGENCY ADDRESS AND PHONE NUMBER:**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIV OF HEALTH FACILITIES  
1720 BURLINGTON DR SUITE A  
BISMARCK, ND 58504-7736  
(701)328-2352

**LABORATORY MAILING ADDRESS:**