

525-535 West Jefferson Street · Springfield, Illinois 62761-0001 · www.dph.illinois.gov

E-Mail: frank.stocker@rockettesting.com

Acknowledgement Letter

April 23, 2021 Deanne Giannola, Lab Director 1415 W 22nd St - Ste 950 Oak Brook, IL 60523

RE: CLIA Application for Certificate of Waiver

Deanne Giannola, Lab Director Rapid Testing Solutions, L L C 902 W Dundee Rd Arlington Heights, IL 60004

Dear Director:

We received your Clinical Laboratory Improvement Amendments (CLIA) Application (Form CMS-116) for a Certificate of Waiver on April 22, 2021. We entered your application into our database system on April 22, 2021. The US Department of Health and Human Services, Centers for Medicare & Medicaid Services - CLIA Program will be mailing a fee invoice for your CLIA Certificate shortly; upon payment of this fee, they will mail your CLIA Certificate to the address provided on your CMS-116 application. Testing may begin once your Certificate is in hand. Please check the address and e-mail above and if corrections are needed, notify us immediately.

FOR HOME HEALTH AGENCIES: The Code of Federal Regulation, CFR42 Part 430, Subpart B, 493.39 for Certificates of Waiver state that <u>you must notify the IDPH-CLIA Program within 30 days of changes</u> in 1) Ownership, 2) Name, 3) Location or 4) Director (see enclosed form titled "Making Changes to your CLIA Certificate"). These notices must be sent to:

IDPH - CLIA Program Attn: Brandon Rakowski 525 W. Jefferson St., 4th Floor Springfield, IL 62761

FOR ALL OTHER FACILITIES: The Code of Federal Regulation, CFR42 Part 430, Subpart B, 493.39 for Certificates of Waiver, Subpart C, 493.53 for Certificates of Provider Performed Microscopy Procedures, and Subpart D, 493.63 for Certificates of Accreditation state that you must notify us within 30 days of changes in 1) Ownership, 2) Name, 3) Location or 4) Director. The Code of Federal Regulation, CFR42 Part 430, Subpart C, 493.51 for Certificates of Compliance states that you must notify us within 30 days of changes in 1) Ownership, 2) Name, 3) Location or 4) Director or Technical Supervisor.

Because replacement certificates are not easily available, we recommend you frame your certificate and display it in your laboratory. If you have any additional questions, please email us at DPH.CLIA@Illinois.gov.

Sincerely,

Brandon Rakowski

CLIA Program Administrator

Division of Health Care Facilities and Programs

BR:jw