

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

LABORATORY NAME AND ADDRESS
PINPOINT TESTING, LLC
13 CHILDREN'S WAY, R2109
LITTLE ROCK, AR 72202

CLIA ID NUMBER
04D2132412

EFFECTIVE DATE
04/16/2024

LABORATORY DIRECTOR
CHARLES KOKES M.D.

EXPIRATION DATE
04/15/2026

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

254 certs2_031924

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>
TOXICOLOGY (340)	04/16/2018		



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT 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

EFFECTIVE DATE

LITTLE ROCK, AR 72202

EXPIRATION DATE

LABORATORY DIRECTOR

CHARLES KOKER MD

This certificate will be valid until the expiration date shown on this certificate. The certificate holder is responsible for maintaining the laboratory in compliance with the requirements of the CLIA regulations. The certificate holder is also responsible for notifying the laboratory of any changes in the information provided on this certificate. The certificate holder is also responsible for notifying the laboratory of any changes in the information provided on this certificate.

CLIA ID Number: 04D2132412
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LITTLE ROCK, AR 72202



STATE AGENCY ADDRESS AND PHONE NUMBER:

HEALTH FACILITY SERVICES SLOT H9
ARKANSAS DEPARTMENT OF HEALTH & HUMAN SERVICES
5800 WEST 10TH STREET SUITE 400
LITTLE ROCK, AR 72204-9916
(501)661-2201

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE. YOU MUST NOTIFY YOUR STATE AGENCY AND PHONE NUMBER. OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR MORE INFORMATION ABOUT CLIA. VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA