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Thomas O. Forslund, Director

Governor Matthew H. Mead

FASCIMILIE AND CERTIFIED MAIL

August 30, 2012

Ref: RP-2012-0772

William Woodward, MD, Laboratory Director
Medical Arts Laboratory
407 S Medical Arts Ct Ste E
Gillette, WY 82716

RE: NOTICE OF CLIA SURVEY RESULTS

CLIA ID 53D0520056

Dear Dr. Woodward:

Healthcare Licensing and Surveys conducted a Clinical Laboratory Improvement Amendments (CLIA) certification survey of your laboratory on August 22, 2012. The purpose of the survey was to determine if your laboratory services met the conditions for certification as set forth under 42 CFR Part 493, Laboratory Requirements.

I would like to offer my congratulations to you and your staff as your agency had no deficiencies on the day of the survey. Enclosed is a copy of the Statement of Deficiencies (CMS-2567) for your records.

If you have any questions, please call the CLIA surveyor, Russ Forney, or me at 307-~~XXX-XXXX~~.

Sincerely,

Ronald H. Pearson, M.H.A., C.F.A.A.M.A.
State Survey Agency Director

RP/km

Enclosures

Form CMS-2567- Statement of Deficiencies

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