

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS  
NORDX - SOUTH PORTLAND CLINICAL LABORA  
265 WESTERN AVENUE  
SOUTH PORTLAND, ME 04106

CLIA ID NUMBER  
20D2156053

EFFECTIVE DATE

02/15/2021

EXPIRATION DATE

02/14/2023

LABORATORY DIRECTOR

ROBERT A CARLSON MD

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.



*Amy M. Zale*

Amy M. Zale, Acting Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

20 Certs2\_011921

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>
ROUTINE CHEMISTRY (310)	02/15/2019
URINALYSIS (320)	02/15/2019
ENDOCRINOLOGY (330)	02/15/2019
HEMATOLOGY (400)	02/15/2019

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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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.





Boston : 11 Garabedian Dr., Salem, NH 03079 - Portland : 19 Bartlett Road, Gorham, ME 04038  
Toll Free : 866-444-CUBE(2823) \* Fax : 603-218-7086 \* www.Cubicle-Solutions.com

INVOICE *Cp 2-26-2021 220.886353.64623*

**KH39991 - Invoice**

**Customer** Nordx **End User** Nordx  
**Type** Standard Invoice **Business** Cubicle Solutions, Inc  
**Status** Invoiced **Invoiced on** 02/12/2021

**Summary** Labor charges are for completing the following on 02/04/2021 \*\*Invoice KH39991\*\*

Scope:  
(1) Height Adjustment.  
Cut cantilever to fit by outlet. Bring band saw or miter saw. Bring vac and hardware to wall mount

**Bill To Address**

Nordx  
301 Route One  
Scarborough, ME 04074

**Address**

**Bill To** Nordx  
301 Route One  
Scarborough, ME 04074

**Financial**

**CPO #** Crystal - CC **Auth Method** Customer PO  
**CPO Amount** \$110.00

**Invoice Lines**

2/4/21 - Nordx - Height Adjustment...ok

Nordx  
301 Route One  
Scarborough, ME 04074

**D&I**

1 - Delivery & Installation (REG)  
15 - Van (REG)

\$110.00

**Invoice Total** \$110.00

- \* Remit Address: 11 Garabedian Drive Salem, N.H. 03079
- \* Payment Due Upon Receipt.
- \* 1.5% Per Month Charge On Balances Over 30 Days From Date Of Invoice.