

EXHIBIT 224

**NOTICE TO ACCREDITED LABORATORY ANNOUNCING APPROVAL OF
PLAN OF CORRECTION AND COMPLETION SCHEDULE FOR
CORRECTING DEFICIENCIES**

(Date)

Director Name
Laboratory Name
Address
City, State, ZIP

Dear **(CLIA Director Name)**:

Re: CLIA Number **(CLIA Number)**

I am pleased to inform you that **(name of laboratory)**'s plan of correction for its Clinical Laboratory Improvement Amendments of 1988 (CLIA) deficiencies, and the time schedule for completion of the plan, has been found acceptable by the Centers for Medicare & Medicaid Services.

When **(name of laboratory)**'s plan of correction has been implemented and its deficiencies have been corrected, and we have concluded that the laboratory meets all the CLIA Conditions, it will no longer be subject to State agency monitoring sanctions and follow-up surveys. Failure to correct deficiencies in a timely manner will result in revocation of your CLIA certificate.

Copies of this letter are being forwarded to the **(State agency and the accreditation organization or other CMS agent, as appropriate)**.

If you have any questions, please feel free to contact our office.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

cc: State Agency or CMS Agent Accreditation Organization