

EXHIBIT 236

**NOTICE OF IMPOSITION OF SANCTION(S);
ACKNOWLEDGEMENT OF INFORMATION RECEIVED**

(Date)

Director Name
CLIA Name
Address
City, State, ZIP Code

Dear **(Director Name)**:

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

This is to inform you that we have received the written **(cite information or evidence)**, which you sent in response to our Notice of Noncompliance and Proposed Sanctions. We have reviewed it and have determined that your laboratory remains **(out of compliance/is now in compliance)** with the Conditions previously specified. Therefore, the sanctions of **(specify sanctions) (will/will not)** be imposed on **(effective date)** (will be lifted on **(date)**), according to the authority in §353(h) of the Public Health Service Act and Title 42 of the Code of Federal Regulations, Part 493, Subpart R. Cite only Part 493, Subpart R, if the documentation provides credible evidence that the noncompliance has been corrected, and the sanctions either will not be imposed or will be lifted.)

(If applicable include:)

Your request for an administrative hearing has been received. Once a hearing date has been set by the Departmental Appeals Board of the Department of Health and Human Services, we will inform you of it.

If you have a credible allegation of compliance between now and the date of the hearing, please contact **(name of State representative and telephone number)**.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

Enclosure

cc: State Agency