Docket

DOCKET / RESEARCH & PRACTICAL GUIDANCE

CLIA Lab Lookup for PE Target Maps: Certificate to Operator

> Build a more reviewable acquisition pipeline with Docket. Our deal-origination software and managed research help private equity teams screen companies against a mandate and understand the evidence behind each finding.

Published by Docket · 2026-10-31 · clia lab lookup · clia certificate lookup · clia number lookup · cms qcor · clia certificate types · clia lab database download · clia lab ownership · clinical laboratory acquisition targets · private equity due diligence · laboratory crosswalk

Original article: https://docket.capital/articles/clia-lab-lookup-pe-target-maps



In this article

1. Executive Summary
2. Introduction and Background
3. Defining the Fields in a CLIA Lookup Hit
4. Searching QCOR: Procedure, Output and Limits
5. Certificate Types and What They Signal
6. From Certificate to Legal Entity: State Records and Registries
7. Hard Cases: Multiple Sites, Shared Brands, Management Services and No Match
8. A Decision Rubric and Crosswalk Template
9. Data Analysis and Evidence
10. What CLIA Certification Cannot Prove
11. Implications and Future Directions
12. Frequently Asked Questions (FAQs)
13. Conclusion

Executive Summary

A **CLIA lab lookup** answers a narrow question: which testing site holds a federal Clinical Laboratory Improvement Amendments (CLIA) certificate. It does not say who runs the business behind that site. The Centers for Medicare & Medicaid Services (CMS) points users to its Quality, Certification and Oversight Reports (QCOR) tool, searchable by CLIA number, facility name and address, certificate type and expiration date (www.cms.gov). The Centers for Disease Control and Prevention (CDC) retired its own search on January 16, 2024 (archive.cdc.gov). The QCOR list is refreshed weekly and covers active laboratories only (qcor.cms.gov).

The scale is large. CMS reported **301,284** registered laboratories in September 2026 (www.cms.gov), and 233,448 of the 285,940 non-exempt sites hold a Certificate of Waiver (www.cms.gov), about 81.6% by our arithmetic. Only 7,824 registered sites, 2.60%, carry the "Independent" facility type (www.cms.gov). Because the regulations generally require a separate application for each laboratory location (www.ecfr.gov), a multi-site operator produces many CLIA IDs. A raw count of lookup hits is a count of certificates, not of acquirable companies.

Public CLIA fields do not close the gap. Form CMS-116 records a facility name, tax identification number and an ownership category (www.cms.gov), yet the lookup page describes only CLIA number, facility name, address, certificate type and expiration (qcor.cms.gov). State processes diverge: Indiana pairs a CMS-116 with an ownership disclosure for ownership and Tax ID changes (www.in.gov), Washington treats an ownership change as a new application (doh.wa.gov), and Louisiana says new owners keep the same CLIA number (www.ldh.la.gov). Registries help only partly; California states that ownership information is not made of record with its Secretary of State (www.sos.ca.gov).

This report supplies a four-outcome decision rubric (verified same operator, candidate link requiring review, distinct operator, unknown) and a crosswalk template that records source URLs, effective dates, capture dates, match rules and contrary evidence. It also shows how to compute distinct CLIA IDs, verified legal

operators, a site-to-operator ratio and an unresolved share, using fictional records only. No match rate is claimed, and none of these counts is an addressable-target count without a coverage check. The article is early target research, not a statement about laboratory quality, certification compliance or ownership due diligence; qualified professionals should be consulted for those questions.

Introduction and Background

An origination analyst who searches for a laboratory typically lands on the CMS QCOR CLIA Laboratory Lookup, which says the certificate type listed corresponds to the complexity of testing the laboratory can perform (qcor.cms.gov). That is the right first stop, and many workflows stop there too early. A certificate is a regulatory permission attached to a testing location; Congress framed it in 1988 as a bar on accepting human specimens for examination without an applicable certificate (www.govinfo.gov). A target, in the deal sense, is a legal entity with revenue, contracts and owners. The two objects overlap but are not the same.

This report examines the step between them. It defines the fields in a lookup hit, sets out a repeatable QCOR search and capture routine, explains certificate types, and shows how to resolve a site to a legal entity with dated state license, business-registry and federal enrollment records. It closes with a rubric, a reusable crosswalk template and a statement of what CLIA data cannot prove. Current-state facts are anchored to October 2026.

Docket, a deal-origination and evidence-backed acquisition target research platform and service for private equity firms, treats lookups as the first evidence step in this kind of mapping, not as a source of ownership. The method here is source-agnostic and can be run in a spreadsheet.

Three constraints shape the analysis. CMS directs questions about a particular laboratory to the State Agency or Regional Office (qcor.cms.gov), so the lookup is a view of records maintained elsewhere. The federal program is not national in every state: Washington has full exemption and New York partial exemption from federal CLIA (qcor.cms.gov). And CMS publishes totals that do not reconcile exactly: "approximately 320,000 laboratory entities" on its program page (www.cms.gov), 301,284 registered laboratories in the September 2026 statistics sheet (www.cms.gov). Any count here should be read with that spread in mind.

Defining the Fields in a CLIA Lookup Hit

The most common mapping error is treating every field in a hit as a description of one thing. Seven concepts are in play, held by different custodians.

- **CLIA certificate number (CLIA ID):** a ten-character identifier whose positions 1 and 2 are a state code, position 3 the letter D, and positions 4 to 10 a system-assigned number (www.cms.gov).
- **Facility or testing address:** where testing is performed (qcor.cms.gov), not necessarily the corporate headquarters.
- **Certificate type and status:** the lookup offers a type filter and searches only active laboratories (qcor.cms.gov). We found no separate status label on the pages read.

- **Legal business name:** the registered name of a company. CMS-116 asks for a facility name next to a federal tax identification number, but we found no CMS statement on whether the facility name is a legal or trade name.
- **Doing-business-as (DBA) name:** an assumed name. The Small Business Administration says registering a DBA does not provide legal protection by itself (www.sba.gov), and the Texas Secretary of State says an assumed name certificate merely records information about the underlying business (www.sos.state.tx.us).
- **Laboratory director:** a named individual who, where state licensing applies, must hold a current state license for moderate-complexity testing (www.ecfr.gov). A director is not an owner.
- **Parent or operator:** the entity that controls the site. No single public CLIA field states this.

Table 1 maps each field to its custodian, what it can support and what it cannot.

Field	Custodian and source	Can support	Cannot support
CLIA ID	CMS CLIA system, shown in QCOR	A stable key for one certificate, usually one location (www.ecfr.gov)	Who owns the site
Facility name and address	Application data in QCOR (www.cms.gov)	Candidate matching to registry names	Legal-entity identity
Certificate type and expiry	QCOR filter and dates	Test-complexity signal; certificates run no more than 2 years (www.ecfr.gov)	Revenue, volume or quality
Laboratory director	Application; searchable in QCOR (qcor.cms.gov)	A person-level link between sites	Ownership; a director may serve several certificates (www.cms.gov)
Ownership type	CMS-116 section IX (www.cms.gov)	A category such as proprietary or government	Owner identity or parent
Legal name and file number	State business registry (corp.delaware.gov)	Entity existence, registered agent	Beneficial owners (corp.delaware.gov)
NPI and enrollment name	NPPES and Medicare enrollment (www.cms.gov)	Billing-entity clues; independent labs appear as provider type 12-69 (data.cms.gov)	CLIA linkage in public files

Each source answers one question well. The CLIA ID answers "which certificate", the registry answers "which entity exists", and no single row answers "who controls this". The crosswalk later in this report keeps those answers in separate columns until the evidence supports joining them.

Searching QCOR: Procedure, Output and Limits

What the tool is

CMS says the lookup lets users reprint a laboratory's CLIA certificate and find demographic information about CLIA-certified laboratories (www.cms.gov). CDC's old search page records the January 16, 2024 retirement and refers data inquiries to CMS (archive.cdc.gov), so bookmarks and scripts pointing at CDC should be replaced. CDC describes the program as supported jointly by CDC, CMS and FDA (www.cdc.gov).

Search inputs

The lookup page documents search by facility name (full or partial), CLIA ID and state, with an optional full or partial ZIP code (qcor.cms.gov) and a CLIA Lab Director field (qcor.cms.gov). CMS lists address, certificate type and expiration date as searchable attributes. For a "certificate of waiver lookup by address", the practical route is to filter to the Waiver type, narrow by state, city and ZIP, then read each result's testing address. The certificate options are Compliance, Waiver, Accreditation and Microscopy-PPMP, and laboratories applying for compliance or accreditation hold a registration certificate until compliance is determined (qcor.cms.gov).

Output fields: what we could and could not verify

The live QCOR page text retrieved for this report describes the form but not the result table. For result fields we relied on a CDC-hosted printout of the lookup's detail pop-up dated January 2025, which shows a certificate effective date and a facility type field (cdc.gov) and cautions that the most up-to-date information may not appear on the linked certificate (cdc.gov). Field names may have changed since, and we did not inspect a live result record. Teams should capture the result screen themselves.

Two points matter for ownership work. We found no CMS statement that the lookup displays an owner name; the printout shows none, but absence from a sample is an inference. And New York's program notes that changes appear in the QCOR database without a revised certificate being generated (wadsworth.org), so a certificate image and the database fields can differ.

Update latency

CMS states that the list is updated weekly and represents the system at the time of update (qcor.cms.gov). New York says QCOR updates one day after the state enters a change (wadsworth.org), and Wisconsin says state agencies, not CMS, process CLIA applications, renewals and updates (www.dhs.wisconsin.gov). The picture is a two-stage lag: a change is filed with the state, entered, then appears in a weekly refresh. We found no published end-to-end latency figure.

A repeatable capture routine

1. **Search by the strongest key first:** CLIA ID if known, otherwise facility name plus state, then ZIP.
2. **Save the result screen, URL and capture date,** since the list is a weekly snapshot.
3. **Record every displayed field verbatim,** including type, effective date and expiration date.
4. **Note what is absent.** If no status or owner field appears, write "not displayed".
5. **Repeat the search by director name** to find sibling certificates; a director who appears on several sites is a useful but inconclusive clue.
6. **Treat a no-match as unknown.** QCOR returns active laboratories only (qcor.cms.gov), and exempt-state laboratories sit in state systems (qcor.cms.gov).

Bulk data and the download question

Searches for a "CLIA lab database download" usually end in third-party scrapers. We found no export of the lookup's search results; QCOR's home page mentions downloadable extracts for its reports (qcor.cms.gov), and one QCOR report counts active laboratories by exempt status and laboratory type (qcor.cms.gov). CMS

does publish a downloadable file elsewhere: the Provider of Services file for clinical laboratories, described in the federal data catalog as giving demographic and testing-service information with the provider number (catalog.data.gov). Its April 2023 layout includes the total number of lab sites covered by a certificate (data.cms.gov) and the number of laboratories with which the director is affiliated (data.cms.gov). Affiliated-provider-number fields exist but the dictionary defines them only by label (data.cms.gov), so their meaning should be tested before use. We could not confirm the latest quarterly release because the dataset page renders only in a browser. North Carolina points users to the federal lookup for fields such as CLIA ID, name, address, certificate type and expiration (info.ncdhhs.gov) rather than publishing its own list.

Certificate Types and What They Signal

CLIA has five certificate types, each generally valid for two years (www.cms.gov); the 1988 statute itself set two years or a shorter period (www.govinfo.gov).

- **Certificate of Waiver:** for a laboratory that performs only waived tests. CDC notes that waived-only sites must still hold a CLIA certificate (www.cdc.gov).
- **Provider-Performed Microscopy (PPM):** for a laboratory that performs no tests other than PPM procedures (www.ecfr.gov).
- **Certificate of Registration:** a temporary certificate enabling moderate or high complexity testing until compliance is determined (www.ecfr.gov).
- **Certificate of Compliance:** issued after a surveyor finds the laboratory in compliance (www.cms.gov).
- **Certificate of Accreditation:** issued on the basis of accreditation by a CMS-approved organization (www.ecfr.gov). CAP, for one, says its program allows a CAP inspection in lieu of a CMS inspection (www.cap.org).

Test complexity is a separate axis. The FDA categorizes clinical laboratory tests by complexity (www.fda.gov), and CDC uses "nonwaived" as the collective term for moderate and high complexity testing (www.cdc.gov). *Table 2* shows how the September 2026 CMS counts distribute across certificate types for non-exempt laboratories, with our computed shares.

Certificate type	Non-exempt laboratories (September 2026)	Share of 285,940 (our arithmetic)	Operator-mapping relevance
Waiver	233,448 (www.cms.gov)	81.6%	Often a physician office, pharmacy or clinic; $248 biennial fee in CMS's 2024 schedule (check the current schedule) (www.cms.gov); weak signal of an independent laboratory business
Provider-performed microscopy	21,736 (www.cms.gov)	7.6%	Clinician-run sites
Compliance	15,214 (www.cms.gov)	5.3%	Nonwaived testing; fees scale with volume from $223 in CMS's 2024 schedule (check the current schedule) (www.cms.gov)
Accreditation	15,542 (www.cms.gov)	5.4%	Nonwaived testing under an approved accreditor

Certificate type	Non-exempt laboratories (September 2026)	Share of 285,940 (our arithmetic)	Operator-mapping relevance
Total non-exempt	285,940 (www.cms.gov)	100%	Excludes exempt-state laboratories

About 10.8% of non-exempt certificates (Compliance plus Accreditation, 30,756 sites by our sum) cover nonwaived testing. For an origination screen aimed at laboratory businesses, certificate type is a triage filter, not a qualifier: a waiver site may belong to a large multi-site operator, and a compliance site may be a hospital department. Facility type, a different field, shows how mixed the population is: independent laboratories are 7,824 of 301,284 registered sites (www.cms.gov). Certificate type and facility type should not be conflated in counts.

Certificate type is also not the only boundary on who appears. CMS identifies Washington State and New York State (non-physician office laboratories) as CLIA-exempt (www.cms.gov), and CDC clarifies that "CLIA-exempt" formally refers to a laboratory, not a test system (www.cdc.gov).

From Certificate to Legal Entity: State Records and Registries

Step one: find a dated record that names the entity

An address or name match is a candidate, not control proof. The aim is a government record that names a legal entity for the site and carries its own date.

State license records are the best candidate source where they exist, and many states have none. California's Laboratory Field Services runs a public search to verify a clinical or public health laboratory license (www.cdph.ca.gov), updated daily (www.cdph.ca.gov), with an active or inactive status (www.cdph.ca.gov); the state also sells a testing-site list that includes owners associated with testing sites (www.cdph.ca.gov) for a $500 fee (www.cdph.ca.gov). New York's Wadsworth Center maintains a searchable directory of approved clinical laboratories (www.wadsworth.org). Massachusetts requires its application packet to include Secretary of State documents, such as a foreign certificate of approval (www.mass.gov), which ties a license to a registered entity. By contrast, Texas says laboratories are not state licensed (www.hhs.texas.gov), North Carolina has no separate state licensure requirements (info.ncdhhs.gov), Oregon does not require a separate license for a CLIA-certified laboratory (www.oregon.gov), and Florida discontinued its licensure program for non-waived laboratories effective July 1, 2018 (ahca.myflorida.com). Where a state publishes no owner field, record "state publishes no owner field" as a finding rather than filling the cell with a guess.

Step two: read ownership-change rules to see what records exist

Federal rules require notice within 30 days of changes in ownership, name, location or director for compliance-certificate holders (www.ecfr.gov), waiver holders (www.ecfr.gov) and accredited laboratories (www.ecfr.gov). What each state does with that notice varies:

- **Indiana:** a CMS-116 and an Enclosure A disclosure of ownership are completed for a change of ownership and Tax ID (www.in.gov). That is Indiana process, not a national public ownership guarantee.
- **Louisiana:** new owners keep the same CLIA number, a change in Federal Tax Identification Number counts among CMS change-of-ownership scenarios (www.ldh.la.gov), and an executed contract must show the certificate was legally transferred (www.ldh.la.gov).
- **Texas:** notice within 30 days of a change to facility name, location, contact information or ownership (www.hhs.texas.gov); a new CMS-116 is required for some changes (www.hhs.texas.gov).
- **Washington, Massachusetts, New Jersey:** a change of ownership calls for a new application (doh.wa.gov) (www.mass.gov) (www.nj.gov), so a new license record can appear where a continuing one might be expected.
- **Illinois:** new owners must include a new CMS-116 with their request (dph.illinois.gov).
- **Arizona:** a change of name and Tax ID due to an ownership change also requires a Disclosure of Ownership and Control Interest Statement (www.azdhs.gov).
- **Nebraska:** its ownership form notes that only one owner can be entered into the state system (dhhs.ne.gov:443), which means a multi-owner structure may be flattened in state data.
- **Accredited laboratories:** the Michigan agency says some changes are processed by the Accrediting Organization instead (www.michigan.gov), and CAP's terms require notice of changes in directorship, location, ownership and name (documents-cloud.cap.org).

The research consequence is that a changed operator may appear as a changed name, a new certificate, a new license or no visible change at all, depending on the state. Public ownership history, where it exists, usually requires a request to the state agency.

Step three: look up the entity in the Secretary of State registry

Registries confirm that an entity exists and how it is named, not who sits behind it. Delaware's free search returns the registered agent and entity kind (corp.delaware.gov) but not entity status (corp.delaware.gov), and its LLCs and partnerships do not file annual reports (corp.delaware.gov). California's registry lists officer, director, member and manager names (www.sos.ca.gov) while stating that ownership information is not made of record there (www.sos.ca.gov). DBA filings follow separate paths: California files fictitious business names with the county of the principal place of business (www.sos.ca.gov), while Texas corporations, LLCs and LPs file assumed name certificates with the Secretary of State (www.sos.state.tx.us).

Federal beneficial-ownership reporting does not fill the gap. FinCEN states that all entities created in the United States are exempt from Corporate Transparency Act reporting; the exemption began with an interim final rule published on March 26, 2025, and a final rule effective August 14, 2026 made it permanent (www.fincen.gov). A tax identifier is also an imperfect thread: the Internal Revenue Service says a new EIN is generally needed when an entity's ownership or structure changes (www.irs.gov), while a mere name or address change does not require one (www.irs.gov).

Step four: use federal identifiers as supporting clues

Medicare enrollment can corroborate an operator name but not ownership. National Plan and Provider Enumeration System (NPPES) data are reported by the provider or someone acting for it. Taxonomy code 291U00000X is "Clinical Medical Laboratory" and excludes facilities that only collect or prepare specimens

(nucc.org). In public Medicare enrollment files, independent labs appear as provider type 12-69 (data.cms.gov) with an organization legal business name (data.cms.gov), but the public methodology describes four relational files and ownership is not among them (data.cms.gov).

The enrollment application is richer than the public file. Form CMS-855B asks for owners with 5 percent or more direct or indirect ownership (www.cms.gov) and for any management services organization under contract (www.cms.gov), and collects a CLIA number for each practice location (www.cms.gov). We found no public laboratory ownership file built from those disclosures. CMS has released ownership datasets for some other provider types, which should not be assumed to extend to laboratories.

Hard Cases: Multiple Sites, Shared Brands, Management Services and No Match

Multiple sites

One certificate generally equals one location: waived-only and nonwaived laboratories must file a separate application for each location unless an exception applies (www.ecfr.gov). North Carolina and Ohio say the same in plain terms (info.ncdhhs.gov) (odh.ohio.gov). The exceptions are narrow: non-fixed-location testing such as mobile units may be covered by the primary site's certificate (www.ecfr.gov); not-for-profit or government laboratories doing limited public health testing may file one application; and hospital laboratories in contiguous buildings on one campus may file a single application (www.ecfr.gov). A researcher should therefore expect one CLIA ID to cover several physical locations at times and one company to hold many CLIA IDs at others.

Shared brands

Different legal entities may share a trade name, and one entity may use several. A brand match is a candidate link only. The distinguishing evidence is a government record naming the same legal entity at both sites. Director overlap is weaker, since one director can serve several certificates.

Management services

The CMS-855B treats a management services organization as a distinct reportable relationship and defines a managing employee by operational or managerial control, whether under contract or another arrangement. A management company in a lease, website footer or license contact is not proven to be an owner. Record it under "claimed relationship" and leave the owner column blank until evidence arrives.

Ownership changes

Notice of an ownership change is due within 30 days (www.ecfr.gov), and a weekly refresh adds further delay (qcor.cms.gov), so a lookup captured today may reflect the previous operator. Record capture dates and effective dates separately. Accreditation does not move automatically either: the Joint Commission states that accreditation is neither automatically transferred to a new owner nor continued if significant changes occur (www.jointcommission.org). Where a state treats a change as a new application, compare old and new license dates before concluding that a site is a new business.

No-match cases

A failed search can mean the site is inactive (qcor.cms.gov), sits in an exempt state (qcor.cms.gov), was typed differently, awaits the weekly refresh, or holds no laboratory certificate. Record search terms and date. A no-match is "unknown", never "distinct operator".

A Decision Rubric and Crosswalk Template

Four outcomes

The rubric is an analytic convention proposed in this report, not a regulatory standard. Each CLIA hit receives exactly one status.

- **Verified same operator:** at least two dated records, one a government record naming the legal entity for this site, tie the CLIA ID to an entity already on file, and no contrary evidence is logged.
- **Candidate link requiring review:** a name, address, director or brand overlap exists, but no government record names the entity for this site, or sources conflict.
- **Distinct operator:** a government record names a legal entity that differs from every entity on file, with no documented relationship to them.
- **Unknown:** no usable record, including no-match searches and unchecked exempt-state sites.

A new company record opens only for "distinct operator" (and, with a review flag, for "unknown" sites with an independent-looking brand). A "verified same operator" hit attaches to the existing record as a site. A "candidate link" stays in a review queue and is excluded from operator counts.

The crosswalk template

Table 3 shows the template columns with a **fictional example**. None of these records is real; all names, IDs and dates are invented.

Column	Fictional row A	Fictional row B	Fictional row C
CLIA ID	XXD0000001	XXD0000002	XXD0000003
Certificate type / expiry	Compliance / 2027-03-31	Waiver / 2027-06-30	Waiver / 2026-12-31
Testing-site name / address	Northmere Lab East, 10 Example Rd	Northmere Express Care, 22 Sample Ave	Alder Ridge Clinic Lab, 5 Test Ln
Legal name	Northmere Clinical Laboratory LLC	(not found)	Alder Ridge Medical PC
DBA	Northmere Diagnostics	Northmere Express Care	none found
State registration / license ID	S-000-1 (fictional)	none found	S-000-3 (fictional)
Claimed relationship	Brand owner	Shares brand with row A	Management services from Northmere (website footer)

Column	Fictional row A	Fictional row B	Fictional row C
Source URLs	QCOR result; state license page	QCOR result; clinic website	QCOR result; state registry
Effective / capture date	License 2025-01-10 / 2026-10-31	none / 2026-10-31	Registry 2024-05-02 / 2026-10-31
Match rule	R1	R3	R4
Contrary evidence	none	Clinic site names a different practice entity	Registry shows a different owner entity
Reviewer status	Verified same operator	Candidate link requiring review	Distinct operator (claim unproven)

Row A is promoted because a government record (the state license page) names the entity for the site and a second dated record, the QCOR result, ties the same CLIA ID to it. Row B is held back because brand overlap alone is not control evidence. Row C shows why "claimed relationship" and "contrary evidence" are separate columns: a footer says management services, the registry shows another entity, and the reviewer keeps both on file.

Match rules, strongest first: **R1** a government record names the legal entity for the site; **R2** the same registered address and legal name appear in two independent government records; **R3** shared brand or domain only; **R4** a claimed management or affiliation relationship only; **R5** director overlap only. Only R1 and R2 can support "verified", and even an R1 record needs a second dated record before the status is set, as the definition above requires.

Data Analysis and Evidence

What the public numbers say

CMS counted 301,284 registered laboratories in September 2026, of which 116,814 are physician-office laboratories. Labcorp's annual report cites a CMS estimate of nearly 320,000 clinical laboratories as of March 2024, with just under 123,000 physician-office laboratories (www.sec.gov). Figures differ by date and basis, so a team quoting "the number of US labs" should cite the vintage. Accreditor membership is a clue about a laboratory's regulatory path, not an ownership field.

Sector structure is a reason to expect many-to-one

Public filings describe an industry of large and small operators. Quest Diagnostics says its industry remains fragmented and highly competitive (www.sec.gov), lists acquiring hospital outreach laboratory operations as a growth approach (www.sec.gov), and reported net revenues of $11.0 billion for 2025 (www.sec.gov). Labcorp says it signed or completed 13 collaboration transactions with health systems and local and regional laboratories in 2025 (www.sec.gov) and believes consolidation will continue (www.sec.gov). These are company statements, not independent measurements. We found no federal or peer-reviewed source

quantifying private equity activity specifically in clinical laboratories, so none is asserted. For payer scale, the HHS Office of Inspector General reported that Medicare Part B spent $8.4 billion on laboratory tests in 2024 (www.oig.hhs.gov); spending is context, not a company count.

Calculations for a lookup batch

Four measures are useful on any batch. The worked numbers below are **fictional**, for a hypothetical batch of 12 hits (Hypothetical Example).

- **Distinct CLIA IDs:** unique certificate numbers. Example: 12.
- **Distinct verified legal operators:** unique legal entities with a "verified" or "distinct operator" status. Example: 4.
- **Site-to-operator ratio:** verified sites divided by verified operators. Example: 8 sites across 4 operators gives 2.0.
- **Unresolved share:** "candidate" plus "unknown" hits over all hits. Example: 4 of 12, or 33.3%.

Counting all 12 hits as targets would overstate operators threefold against the 4 verified, while the 4 unresolved hits could add operators or fold into existing ones. None of these measures is an addressable-target count. A coverage check must come first: which states were searched, whether exempt states were handled in their own systems (qcor.cms.gov), what share remains unresolved, and whether hospital campuses and mobile units (www.ecfr.gov) were treated consistently. No match rate is stated here because none has been measured on a tested sample.

What CLIA Certification Cannot Prove

A CLIA certificate is a regulatory permission to perform tests of a stated complexity. Several limits follow from the public fields.

- **Revenue:** no revenue field appears among the lookup's described data (qcor.cms.gov). Fees scale with test volume for compliance and accreditation certificates, starting at $223 in CMS's 2024 schedule (check the current schedule), but a fee tier is a regulatory charge, not a company financial.
- **Test volume:** CMS statistics split compliance laboratories into volume schedules, but actual volume at a site is not a lookup output.
- **Clinical quality:** certificate type indicates the complexity of testing a laboratory may perform (qcor.cms.gov); it is not a performance rating.
- **Acquisition availability:** the application records an ownership category, which says nothing about willingness to transact.
- **Control and beneficial ownership:** CLIA defines an owner as any person who owns any interest in a laboratory (www.ecfr.gov), and an owner or authorized representative signs the application (www.ecfr.gov), but the public lookup does not display this.
- **Currency:** the weekly refresh and the pop-up caution about linked certificates mean a field may trail the underlying state file.

These limits are why the rubric separates certificate evidence from control evidence, and why an early list is better labeled "sites and leads" than "targets".

Implications and Future Directions

For origination teams, the first implication is process discipline. A lookup is a capture event, so each hit should carry a source URL and capture date, and state records should be pulled on their own schedule, since cadences differ: weekly for QCOR (qcor.cms.gov), daily for California's license search (www.cdph.ca.gov). A second is that review effort belongs on the unresolved tail rather than the easy matches; the unresolved share tells a reviewer how much of a list is still hypothesis.

A third concerns coverage. Because Washington and New York run their own systems (qcor.cms.gov), a national screen built on QCOR alone has a built-in state gap; Washington (8,106) and New York (7,235) together account for about 15,341 laboratories in the September 2026 statistics (www.cms.gov). The CMS total of 301,284 registered laboratories already includes these exempt-state laboratories, but they are not reachable through QCOR.

Three developments would change the method. If CMS exposed a documented export of the lookup or an owner field, the crosswalk could be partly automated. If more states standardized ownership disclosure beyond processes such as Indiana's Enclosure A (www.in.gov), more rows could reach "verified". And with domestic companies exempt from federal beneficial-ownership reporting (www.fincen.gov), registry-based control proofs are unlikely to improve on their own. Until then, site-level public data identifies certificates reliably and operators only partially.

Docket's research practice follows the same logic: record sources and dates, and preserve conflicts between sources rather than averaging them. Readers should apply the method with their own counsel for legal, regulatory and ownership questions; this report is not legal or regulatory advice and has not been reviewed by a professional.

Frequently Asked Questions (FAQs)

Where is the official CLIA laboratory search from CMS?

CMS's QCOR CLIA Laboratory Lookup is the current official tool. CDC's former search is retired (archive.cdc.gov).

How to do a CLIA certificate lookup and find a CLIA number by lab name

Search by CLIA ID if known; otherwise enter the facility name (full or partial) with state and ZIP (qcor.cms.gov). Confirm the match by address and certificate type, and save the result with its date, since the list is weekly and covers active laboratories only (qcor.cms.gov). Name matches are candidates.

Can a certificate of waiver be looked up by address?

CMS lists address among the searched attributes. Filter to Waiver, narrow by city and ZIP, and read the testing address in each result.

What are the CLIA certificate types?

Waiver, provider-performed microscopy, registration, compliance and accreditation, each generally valid for two years. See Table 2 for September 2026 counts.

How to find the owner of a CLIA lab

The lookup is not documented as showing an owner. CMS-116 collects an ownership category, but ownership evidence usually comes from state license records, state business registries and the entity itself. California offers a paid testing-site list that includes owners (www.cdph.ca.gov); other states vary.

Is there a CLIA lab database download?

CMS publishes a Provider of Services file for clinical laboratories as a downloadable dataset (catalog.data.gov). QCOR's documented extracts apply to its reports (qcor.cms.gov). Check the release date before relying on any file.

Does a CLIA record support clinical laboratory due diligence or private equity acquisition target lists?

It supports an early map of testing sites for clinical laboratory acquisition targets, which a private equity team can then resolve into operators using the rubric above. It does not establish revenue, quality, control or availability, and a lookup hit is not a target until the operator is resolved. Ownership due diligence and certification advice belong with qualified advisors.

Conclusion

A CLIA lookup is the correct starting point for mapping clinical-laboratory sites and an incomplete basis for mapping operators. QCOR returns certificate-level facts (a CLIA ID, a testing address, a certificate type and expiration) from a weekly, active-only list. The legal entity, parent and control relationships sit in other records that differ by state, and several publish no owner field.

The practical answer is to keep fields apart, date every capture, and classify each hit as verified same operator, candidate link requiring review, distinct operator or unknown. The crosswalk template supports that discipline, and its derived measures (distinct CLIA IDs, verified operators, site-to-operator ratio, unresolved share) describe the state of the evidence, not the size of a market. Because most registered sites are not typed Independent and many are physician-office or other non-laboratory sites, a hit may be a clinic or a site of a larger entity; the share belonging to multi-site operators is unmeasured. Whether any hit is a target is a question for the next stage of research. Until an operator is resolved from dated state and registry evidence, the defensible output of a CLIA lookup is a list of sites with documented sources, capture dates, contrary evidence and an honest unresolved share, which gives reviewers a clear queue and avoids counting certificates as companies.

Source links

Links cited in this article, in order of first appearance. Full addresses are provided for readers using extracted text.

1. https://www.cms.gov/medicare/health-safety-standards/clinical-laboratory-improvement-amendments-clia/laboratory-performance
2. https://archive.cdc.gov/www_cdc_gov/clia/LabSearch.html
3. https://qcor.cms.gov/CLIA_Lab_Lookup
4. https://www.cms.gov/files/document/laboratory-statistics.pdf
5. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-C
6. https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms116.pdf
7. https://www.in.gov/health/cshcr/acute-and-continuing-care/clinical-laboratory-clia-licensing-and-certification-program
8. https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/medical-test-sites-mts/licensing-information
9. https://www.ldh.la.gov/health-standards-section/cliachow
10. https://www.sos.ca.gov/business-programs/business-entities/information-requests
11. https://www.govinfo.gov/content/pkg/STATUTE-102/pdf/STATUTE-102-Pg2903.pdf
12. https://www.cms.gov/clia/progdesc.asp
13. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c16.pdf
14. https://www.sba.gov/business-guide/launch-your-business/choose-your-business-name
15. https://www.sos.state.tx.us/corp/tradefaqs.shtml
16. https://www.ecfr.gov/current/title-42/section-493.1405
17. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-B
18. https://corp.delaware.gov/more-information
19. https://corp.delaware.gov/onlinestatus
20. https://www.cms.gov/medicare/regulations-guidance/administrative-simplification/data-dissemination
21. https://data.cms.gov/sites/default/files/2026-07/PPEF_Data_Dictionary.pdf
22. https://www.cdc.gov/clia/law-regulations.html
23. https://cdc.gov/labs/media/pdfs/2025/01/SC-QCOR.pdf
24. https://wadsworth.org/regulatory/polep/CLIA
25. https://www.dhs.wisconsin.gov/regulations/labs/introduction.htm
26. https://qcor.cms.gov/main.jsp
27. https://qcor.cms.gov/Active_CLIA_Labs
28. https://catalog.data.gov/dataset/provider-of-services-file-clinical-laboratories-2024-03-02
29. https://data.cms.gov/sites/default/files/2023-07/50eacc07-7930-4e62-97e3-e04a2dc1e2a3/P.QWB.POSQ.CLIA.LAYOUT.MAR23.pdf
30. https://info.ncdhhs.gov/dhsr/ahc/clia/cliafaq.html
31. https://www.cms.gov/files/document/cms-clia-laboratory-quick-start-guide-remediated.pdf
32. https://www.cdc.gov/clia/php/test-complexities/index.html
33. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-A
34. https://www.cap.org/laboratory-quality-solutions/accreditation/laboratory-accreditation-program
35. https://www.fda.gov/medical-devices/ivd-regulatory-assistance/clia-categorizations

36. https://www.cms.gov/files/document/clia-certificate-fee-schedule-updated-06/7/2024.pdf
37. https://www.cms.gov/files/document/admin-info-26-07-clia-2027-original-release-07-01-2026.pdf
38. https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/FacilitiesVerification.aspx
39. https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/LaboratoryandPersonnelLists.aspx
40. https://www.wadsworth.org/regulatory/clep/approved-labs
41. https://www.mass.gov/how-to/apply-for-a-massachusetts-clinical-laboratory-license
42. https://www.hhs.texas.gov/providers/health-care-facilities-regulation/laboratories-clinical-laboratory-improvement-amendments
43. https://www.oregon.gov/oha/PH/LABORATORYSERVICES/CLINICALLABORATORYREGULATION/Pages/Program-Information.aspx
44. https://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/laboratory-and-in-home-services/non-waived-laboratories.html
45. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-493/subpart-D
46. https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/medical-test-sites-mts/frequently-asked-questions
47. https://www.mass.gov/how-to/renew-a-clinical-laboratory-license
48. https://www.nj.gov/health/forms/cl-3instr_2.pdf
49. https://dph.illinois.gov/topics-services/health-care-regulation/clia/faqs.html
50. https://www.azdhs.gov/documents/preparedness/state-laboratory/lab-licensure-certification/laboratory-certification/facility-status-change.pdf
51. https://dhhs.ne.gov/licensure/Documents/CLIAOwnershipInformation.pdf
52. https://www.michigan.gov/lara/bureau-list/bsc/accs-division/clia
53. https://documents-cloud.cap.org/shared-assets/terms-of-accreditation.pdf
54. https://www.sos.state.tx.us/corp/instructions/503.shtml
55. https://www.fincen.gov/BOI
56. https://www.irs.gov/businesses/small-businesses-self-employed/when-to-get-a-new-ein
57. https://nucc.org/images/stories/CSV/nucc_taxonomy_261.csv
58. https://data.cms.gov/sites/default/files/2025-03/ee1336c2-7b56-4f34-a708-3e67f37bb314/Medicare%20Fee%20For%20Service%20Public%20Provider%20Enrollment%20Files%20Methodology.pdf
59. https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms855b.pdf
60. https://odh.ohio.gov/know-our-programs/lab-certification-clia
61. https://www.jointcommission.org/en-us/knowledge-library/support-center/continuous-compliance/notifying-the-joint-commission-about-organization-changes
62. https://www.sec.gov/Archives/edgar/data/920148/000092014826000111/lh-20251231.htm
63. https://www.sec.gov/Archives/edgar/data/1022079/000102207926000015/dgx-20251231.htm
64. https://www.oig.hhs.gov/documents/evaluation/11453/OEI-09-25-00330.pdf

THE PUBLISHER

About Docket

Docket provides deal-origination research software and managed research for private equity firms. We help investment teams investigate acquisition targets using structured screening criteria, retained sources and reviewable company evidence. Teams can work through a self-serve platform or use managed research, depending on how they want research delivered.

Research against a defined mandate

A useful target list needs more than company names. Docket focuses on the questions that determine whether a company fits an investment mandate, including the evidence needed to support or qualify each answer. Our research approach makes the connection between screening criteria, source material and conclusions visible to the team reviewing the work.

Triage, Scout and Audit

Docket's three named research agents perform complementary tasks. Triage resolves company identity and screens fit. Scout collects sourced answers against the mandate. Audit checks retained evidence, addresses contradictions and leaves unsupported answers visibly unresolved. This structure helps reviewers distinguish established findings from missing information and questions requiring further investigation.

Evidence that supports investment-team judgment

Our research library covers market mapping, screening criteria, private-company data, succession and ownership, source evaluation and evidence standards. These resources explain the methods and limitations behind origination research. Findings support a team's judgment; they do not establish that a company is for sale or guarantee a transaction or investment outcome.

Work with Docket

Visit Docket to explore the platform, managed research and the current contact path. Read about screening criteria, evidence standards, AI research agents and market mapping.

Public examples are illustrative unless explicitly identified otherwise. Research preparation and authorized outreach are separate activities; confidential target lists and customer outcomes should never be inferred from an educational example.

Website: https://docket.capital

This article is educational. Verify consequential medical, legal, financial, regulatory and technical decisions with appropriate professionals and the cited primary sources. Company services are described separately from the article's research findings.