

Demographic Information



Facility Name: LIFESOURCE BLOOD SERVICES
Owner Name: INSTITUTE FOR TRANSFUSION MED
Director Name: RAM M KAKAIYA
Street Address: 1205 NORTH MILWAUKEE AVENUE
Address Line 2:
City State Zip: GLENVIEW, IL 60025
County: IL

Facility ID: 26581
CLIA#: 14D0424744
Certificate Type:
Facility Type: Out-of-State (Registered)
Contact Phone: (847) 803-7825

Test Name:	Effective Date	Delete Date	Status:	PT Provider:
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Inspections History

Inspection Date	Inspection Type	Inspector	Findings
09/01/1999	Periodic Review - Periodic Review		

Memo

4/02-Dr. Kakaiya has been granted an exception to 5.22 (f) to direct 026581 (out of state-registered lab) and 2 other facilities in the state of Illinois (14D0966824 and 14D0697852)