

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
LABCORP OF AMERICA HOLDINGS
CYTOGENETICS & CYTOLOGY & FLOW CYTOMET
1904 ALEXANDER DRIVE STE C
RESEARCH TRIANGLE PARK, NC 27709

CLIA ID NUMBER

34D1008914

EFFECTIVE DATE

08/11/2009

LABORATORY DIRECTOR
ARUNDHATI CHATTERJEE MD

EXPIRATION DATE

08/10/2011

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.



Judith A. Yost

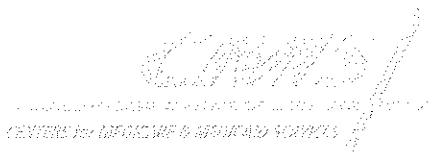
Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

63 certs2_071809

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> |
|---------------------------------|-----------------------|
| GENERAL IMMUNOLOGY (220) | 04/09/2007 |
| HEMATOLOGY (400) | 04/09/2007 |
| CYTOGENETICS (900) | 08/11/2003 |

| <u>LAB CERTIFICATION (CODE)</u> | <u>EFFECTIVE DATE</u> |
|---------------------------------|-----------------------|
|---------------------------------|-----------------------|



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.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.

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS
LABCORP OF AMERICA HOLDINGS
1912 ALEXANDER DRIVE
RESEARCH TRIANGLE PARK, NC 27709

CLIA ID NUMBER
34D0655205

EFFECTIVE DATE
02/09/2011

LABORATORY DIRECTOR
ARUNDHATI P CHATTERJEE MD

EXPIRATION DATE
02/08/2013

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.



Judith A. Yost

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

220 Certs2_011511

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> |
|---------------------------------|-----------------------|
| BACTERIOLOGY (110) | 09/15/2010 |
| PARASITOLOGY (130) | 01/25/2006 |
| VIROLOGY (140) | 09/15/2005 |
| GENERAL IMMUNOLOGY (220) | 08/25/1995 |
| ROUTINE CHEMISTRY (310) | 01/30/2002 |
| ENDOCRINOLOGY (330) | 11/15/2002 |
| HEMATOLOGY (400) | 05/22/2009 |
| HISTOPATHOLOGY (610) | 08/25/1995 |
| CYTOLOGY (630) | 02/03/2010 |
| CYTOGENETICS (900) | 08/25/1995 |

LAB CERTIFICATION (CODE) EFFECTIVE DATE



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