

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

LABORATORY NAME AND ADDRESS	CLIA ID NUMBER
LABCORP OF AMERICA HOLDINGS 1912 ALEXANDER DRIVE RESEARCH TRIANGLE PARK, NC 27709	34D0665205
LABORATORY DIRECTOR	EFFECTIVE DATE
ARUNDHATI P CHATTERJEE MD	02/09/2009
	EXPIRATION DATE
	02/08/2011

Pursuant to Section 359 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

228 cert2_011009

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>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
PARASITOLOGY (130)	01/25/2008		
VIROLOGY (140)	09/15/2008		
GENERAL IMMUNOLOGY (220)	08/25/1995		
ROUTINE CHEMISTRY (310)	01/30/2002		
ENDOCRINOLOGY (330)	11/15/2002		
HISTOPATHOLOGY (610)	08/25/1995		
CYTOGENETICS (900)	08/25/1995		

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
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.

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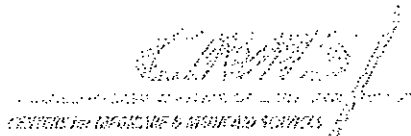
Judith A. Yost

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

83 cert2_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>	<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		



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