

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

LABORATORY NAME AND ADDRESS
IGENOMIX
383 VAN NESS AVE UNIT 1605
TORRANCE, CA 90501

CLIA ID NUMBER
05D2172348

EFFECTIVE DATE
06/04/2020

LABORATORY DIRECTOR
BRYNN LEVY Ph.D.

EXPIRATION DATE
06/03/2022

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.



Karen W. Dyer

Karen W. Dyer, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

227 Certs2_062320

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:

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

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

CLIA ID Number: 05D2172348
IGENOMIX
383 VAN NESS AVE UNIT 1605
TORRANCE, CA 90501

STATE AGENCY ADDRESS AND PHONE NUMBER:

CA DHS/LABORATORY FIELD SERVICES
DIVISION OF LABORATORY SCIENCE
320 WEST 4TH STREET SUITE 890
LOS ANGELES, CA 90013-2398
(213)620-6160

LABORATORY MAILING ADDRESS: