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

06/04/2022

EXPIRATION DATE

06/03/2024

LABORATORY DIRECTOR

BRYNN LEVY Ph.D.

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.



Monique Spruill, Director Division of Clinical Laboratory Improvement & Quality Quality & Safety Oversight Group Center for Clinical Standards and Quality

Certs2 051022

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

GENERAL IMMUNOLOGY (220) **ROUTINE CHEMISTRY (310)**

06/04/2020 06/04/2020





EFFECTIVE DATE



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: