

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

LABORATORY NAME AND ADDRESS

INIVATA, INC
8 DAVIS DR, SUITE 120
DURHAM, NC 27709

CLIA ID NUMBER

34D2113681

EFFECTIVE DATE

04/03/2021

EXPIRATION DATE

04/02/2023

LABORATORY DIRECTOR

JOHN K DAY 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

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

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>
ROUTINE CHEMISTRY (310)	04/03/2019

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
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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: 34D2113681
INIVATA, INC
PO BOX 14808
RESEARCH TRIANGLE PARK, NC 27709

STATE AGENCY ADDRESS AND PHONE NUMBER:

NC DEPT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH FACILITIES/CLIA CERTIFICATION
2713 MAIL SERVICE CENTER
RALEIGH, NC 27699-2713
(919)855-4620

LABORATORY MAILING ADDRESS: