



Dear Laboratory Director

Attached below is your clinical laboratory certificate.
Your certificate is void after the expiration date below.

Expiration Date: December 31, 2018

INTERPACE DIAGNOSTICS LAB, INC.
2 CHURCH ST S STE B05
NEW HAVEN CT 06519-1760

DISPLAY:

State law requires that the clinical laboratory certificate shall be conspicuously posted in the clinical laboratory.

**CHANGE OF LABORATORY NAME,
DIRECTOR, OWNER AND/OR ADDRESS:**

State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. **YOUR CERTIFICATE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**

You must submit a completed application for a new clinical laboratory certificate within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application to the address indicated below.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142A Labclin (01-17)

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State of California Department of Public Health

CLINICAL LABORATORY CERTIFICATE OF DEEMED STATUS

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a certificate to operate a clinical laboratory at the indicated address or other site(s) on file with the department.

**INTERPACE DIAGNOSTICS LAB, INC.
2 CHURCH STREET SOUTH, SUITE B-05
NEW HAVEN CT 06519**

OWNER(S):

INTERPACE DIAGNOSTICS, LLC

DIRECTOR(S):

SYDNEY FINKELSTEIN MD

LAB ID Number: CDS00800543
Effective Date: January 1, 2018
Valid Until: December 31, 2018
CLIA Number: 07D1091103

Robert J. Thomas

Robert J. Thomas, Chief
Laboratory Field Services