

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

LABORATORY NAME AND ADDRESS
INTERPACE DIAGNOSTICS LAB, INC
2 CHURCH STREET SOUTH, SUITE B-5
NEW HAVEN, CT 06519

CLIA ID NUMBER
07D1091103

EFFECTIVE DATE
06/16/2018

LABORATORY DIRECTOR
SYDNEY D FINKELSTEIN M.D.

EXPIRATION DATE
06/15/2020

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, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

25 certs2_052218

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>
ROUTINE CHEMISTRY (310)	10/29/2014		

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.

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NEW HAVEN, CT 06519

STATE AGENCY ADDRESS AND PHONE NUMBER:

CLIA LAB PROGRAM/DEPT OF PUBLIC HEALTH

410 CAPITOL AVENUE, MS#12-FLIS
PO BOX 340308
HARTFORD, CT 06134-0308
(860)509-7400

LABORATORY MAILING ADDRESS: