

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

LABORATORY NAME AND ADDRESS
INIVATA, INC
7020 KIT CREEK ROAD, SUITE 140
MORRISVILLE, NC 27560

CLIA ID NUMBER
34D2113681

EFFECTIVE DATE
04/03/2019

LABORATORY DIRECTOR
JOHN K DAY Ph.D.

EXPIRATION DATE
04/02/2021

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

63 certs2_012820

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)	04/03/2019		

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: