

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

LABORATORY NAME AND ADDRESS
 INTEGRALABS, INC
 7020 KIT CREEK ROAD, SUITE 240
 RESEARCH TRIANGLE PARK, NC 27709

CLIA ID NUMBER
 34D2034003

EFFECTIVE DATE
 09/18/2016

LABORATORY DIRECTOR
 JOSEPH J SAADY Ph.D.

EXPIRATION DATE
 09/17/2018

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

54 Certs2_082316

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)	07/15/2014
URINALYSIS (320)	07/15/2014
TOXICOLOGY (340)	07/23/2014

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
---------------------------------	-----------------------

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.