

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

LABORATORY NAME AND ADDRESS
CAP DIAGNOSTICS LLC DBA PATHNOSTICS
15545 SAND CANYON AVENUE, SUITE 100 & 200
IRVINE, CA 92618-6031

CLIA ID NUMBER
05D2024468

EFFECTIVE DATE
01/15/2022

LABORATORY DIRECTOR
MAHER M BADIR DIRECTOR

EXPIRATION DATE
01/14/2024

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

941 Certs2_011023

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>
BACTERIOLOGY (110)	01/15/2014
MYCOBACTERIOLOGY (115)	02/01/2019
MYCOLOGY (120)	09/26/2014
PARASITOLOGY (130)	09/26/2014
VIROLOGY (140)	01/15/2014
HISTOPATHOLOGY (610)	01/15/2014
ORAL PATHOLOGY (620)	01/15/2014
CYTOLOGY (630)	01/15/2014
CYTOGENETICS (900)	05/17/2017

LAB CERTIFICATION (CODE) EFFECTIVE DATE



**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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01/16/2022

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IRVINE, CA 92618-6031

LABORATORY DIRECTOR
MAHEP M BADIR DIRECTOR

This certificate is issued to the laboratory for the period of time specified in the certificate. The laboratory must comply with the conditions of accreditation and must maintain the accreditation. The laboratory must also comply with the conditions of accreditation and must maintain the accreditation. The laboratory must also comply with the conditions of accreditation and must maintain the accreditation.

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STATE AGENCY ADDRESS AND PHONE NUMBER:

CA DHS/LABORATORY FIELD SERVICES
DIVISION OF LABORATORY SCIENCE
320 WEST 4TH STREET SUITE 890
LOS ANGELES, CA 90013-2398
(213)620-6160

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.
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