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

LABORATORY NAME AND ADDRESS ESOTERIX GENETIC LABORATORIES, LLC 3 FOREST PARKWAY SHELTON, CT 06484

CLIA ID NUMBER 07D2141078

EFFECTIVE DATE

05/22/2023

EXPIRATION DATE

05/21/2025

LABORATORY DIRECTOR

JONATHAN KLEIN M.D.

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, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

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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:

LAB CERTIFICATION (CODE) EFFECTIVE DATE

GENERAL IMMUNOLOGY (220) 05/22/2019
ROUTINE CHEMISTRY (310) 05/22/2019
HEMATOLOGY (400) 05/22/2019
HISTOPATHOLOGY (610) 05/22/2019
CYTOGENETICS (900) 05/22/2019

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.