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

LABORATORY NAME AND ADDRESS METABOLON 617 DAVIS DRIVE, SUITE 400 MORRISVILLE, NC 27560 CLIA ID NUMBER 34D2017656

EFFECTIVE DATE

12/14/2023

EXPIRATION DATE

12/13/2025

LABORATORY DIRECTOR

LISA FORD Ph.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.

CENTERS FOR MEDICAID SERVICES

Monique Speuill

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

ROUTINE CHEMISTRY (310) ENDOCRINOLOGY (330) 05/22/2015

07/30/2015



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.