

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

VERINATA HEALTH DBA ILLUMINA
200 LINCOLN CENTRE DR
FOSTER CITY, CA 94404

CLIA ID NUMBER

05D2013691

EFFECTIVE DATE

08/24/2021

EXPIRATION DATE

08/23/2023

LABORATORY DIRECTOR

STEWART W COMER 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
Monique Spruill, Director
Division of Clinical Laboratory Improvement & Quality
Quality & Safety Oversight Group
Center for Clinical Standards and Quality

254 Certs2_090622

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)	08/24/2011		



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: 05D2013691
VERINATA HEALTH DBA ILLUMINA
200 LINCOLN CENTRE DR
FOSTER CITY, CA 94404

CLIA ID NUMBER: 05D2013691
EFFECTIVE DATE: 08/14/2011
EXPIRATION DATE: 08/14/2013

LABORATORY NAME AND ADDRESS:
VERINATA HEALTH DBA ILLUMINA
200 LINCOLN CENTRE DR
FOSTER CITY, CA 94404
LABORATORY DIRECTOR:
STUART W. COMBER, MD

The information on this form is for informational purposes only. It is not intended to be used as a basis for any regulatory action. The information on this form is subject to change without notice. The information on this form is not to be used for any other purpose.



CLIA ID Number: 05D2013691
VERINATA HEALTH DBA ILLUMINA
200 LINCOLN CENTRE DR
FOSTER CITY, CA 94404

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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