

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

LABORATORY NAME AND ADDRESS  
CORRELAGEN DIAGNOSTICS, INC  
307 WAVERLEY OAKS ROAD SUITE 101  
WALTHAM, MA 02452

LABORATORY DIRECTOR  
NATALIA T LEACH PHD

CLIA ID NUMBER  
22D1044516

EFFECTIVE DATE  
05/14/2009

EXPIRATION DATE  
05/13/2011

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.



*Judith A. Yost*

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations

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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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ROUTINE CHEMISTRY (310)	06/30/2009		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://WWW.CMS.HHS.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.

CORRELAGEN DIAGNOSTICS, INC  
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WALTHAM, MA 02452

**STATE AGENCY ADDRESS AND PHONE NUMBER:**

DEPARTMENT OF PUBLIC HEALTH  
CLINICAL LABORATORY PROGRAM  
99 CHAUNCY STREET 3RD FLOOR  
BOSTON, MA 02130  
(617)753-8438

CLIA ID Number: 22D1044516

**LABORATORY MAILING ADDRESS:**