

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

LABORATORY NAME AND ADDRESS
MEDICAL NEUROGENETIC LLC
 5424 GLENRIDGE DRIVE, NE
 ATLANTA, GA 30342

CLIA ID NUMBER
 11D0703390

EFFECTIVE DATE
 06/08/2016

LABORATORY DIRECTOR
PETER L NAGY DIRECTOR

EXPIRATION DATE
 06/07/2018

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.



Karen W. Dyer
 Karen W. Dyer, Acting Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Clinical Standards and Quality

78 Certs2_081616

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>
GENERAL IMMUNOLOGY (220)	06/08/2016
ROUTINE CHEMISTRY (310)	06/08/2016
HEMATOLOGY (400)	06/08/2016
CYTOGENETICS (900)	06/08/2016

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.