

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

*CERTIFICATE OF ACCREDITATION*

LABORATORY NAME AND ADDRESS

BIOCHEMICAL GENETICS LAB UCHSC  
MAIL STOP 8313 POST BOX 6511  
AURORA, CO 80045-0511

LABORATORY DIRECTOR

STEPHEN I GOODMAN

CLIA ID NUMBER

06D0644353

EFFECTIVE DATE

02/09/2009

EXPIRATION DATE

02/08/2011

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.



A handwritten signature in blue ink that reads "Judith A. Yost".

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