## CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS ESOTERIX GENETIC LABORATORIES, LLC 22 BAYBERRY BUENA PARK, CA 90620 CLIA ID NUMBER 05D2047225

EFFECTIVE DATE

02/08/2021

EXPIRATION DATE

02/07/2023

LABORATORY DIRECTOR

BING HUANG 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.



Monique Spruill, Director

Division of Clinical Laboratory Improvement & Quality

Quality & Safety Oversight Group Center for Clinical Standards and Quality

408 Certs2\_110221

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) CYTOGENETICS (900) EFFECTIVE DATE 02/08/2013 LAB CERTIFICATION (CODE)

EFFECTIVE DATE





CLIA ID Number: 05D2047225 ESOTERIX GENETIC LABORATORIES, LLC 22 BAYBERRY BUENA PARK, CA 90620

## 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:

## CLIA 116 - Inquiry

| Demographics Multiple Sites Accred Org Info Specialties Additional Info PT Info An asterisk (*) indicates the field is required  General Information  Reason for 116*  App Type Requested  State Agency Received Date * 09/19/2012   |
|--|
| Reason for 116* V App Type Requested V State Approx Received Date * 00/10/2012   |
| Road of the Agency Rocard Date Son 102012  |
| Name*   ESOTERIX GENETIC LABORATORIES, LLC   |
| Email Address huangb1@labcorp.com  |
| RECEIVE FUTURE NOTIFICATIONS VIA EMAIL   |
| Fed Tax ID* 273267315 Phone* (626)543-0334 Fax Class Code * 00 Regular   |
| Director Information   |
| Last Name* HUANG First* BING M.I.  |
| Title 08 Ph.D. Other Sal 🔽   |
| Physical Address   |
| Street * 43 MARISOL  |
| ® US* ZIp* 92657 1212 City* NEWPORT COAST ✓ State* CA County* 400 ORANGE ✓   |
| State Region* M1 LAB. SOUTH 🔯  |
| ○ International* Locality:* Postal Code: Country:*   |
| Mailing Address  |
| Street Street  |
| ®US Zip City ☑ State   |
| OInternational Locality:* Postal Code: Country:*   |
| Corporate Address  |
| Street   |
| ⊕ US Zip City State  |
| OInternational Locality:* Postal Code: Country:*   |
| Form Mailing   |
| Send bills to the* Physical address Send certificate to the* Physical address  |
| Type of Laboratory * 15 Independent  |
| Hours of Laboratory Testing  |
| Sunday Monday Tuesday Wednesday Thursday Friday Saturday   |
| FROM 98:00 an 909:00   |
| TO V 05:00 PM 05:00 PM 05:00 PM 05:00 PM 05:00 PM V 05: |

11.9.7 User: DYAMASAKI