

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

LABORATORY NAME AND ADDRESS
PROGENITY INC
5230 SOUTH STATE ROAD
ANN ARBOR, MI 48108

CLIA ID NUMBER
23D2018899

EFFECTIVE DATE
10/12/2017

LABORATORY DIRECTOR
JOHN P TAZELAAR M.D.

EXPIRATION DATE
10/11/2019

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

154 Certs2_091217

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)	05/08/2012		
HEMATOLOGY (400)	09/03/2014		
CYTOGENETICS (900)	03/06/2013		

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.

CLINICAL LABORATORY IMPROVEMENT ACT
STATEMENT OF CERTIFICATION

CLIA ID NUMBER
23D2018899

LABORATORY NAME AND ADDRESS
PROGENITY INC
5230 SOUTH STATE ROAD
ANN ARBOR MI 48108

ISSUE DATE

EXPIRES

EXPIRES

EXPIRES

LABORATORY NUMBER

LABORATORY TYPE

This certificate is valid for the period of time indicated on the certificate. The laboratory must comply with the requirements of the CLIA statute and regulations. The laboratory must also comply with the requirements of the state agency. The laboratory must also comply with the requirements of the accreditation body. The laboratory must also comply with the requirements of the accreditation body. The laboratory must also comply with the requirements of the accreditation body.

CLIA ID Number: 23D2018899
PROGENITY INC
5230 SOUTH STATE ROAD
ANN ARBOR, MI 48108



STATE AGENCY ADDRESS AND PHONE NUMBER:

MI DEPT OF LICENSING AND REGULATORY AFFAIRS
LABORATORY IMPROVEMENT SECTION
BOX 30664
611 W OTTAWA STREET FIRST FLOOR
LANSING, MI 48909
(517)241-2648

LABORATORY TYPE
ROUTINE CHEMISTRY
HEMATOLOGY
CYTOLOGY

LABORATORY MAILING ADDRESS:

FOR MORE INFORMATION, VISIT US AT WWW.CMS.GOV
OR CONTACT YOUR STATE AGENCY. PLEASE REFER TO THE
YOUR STATE AGENCY FOR THE CORRECT PHONE NUMBER.
PLEASE PRINT YOUR NAME AND ADDRESS TO YOUR CERTIFICATE.