

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

LABORATORY NAME AND ADDRESS	NATIONAL INSTITUTE OF TRANSPLANTATION IMMUNOGENETICS 2222 OCEAN VIEW AVE STE 210 LOS ANGELES, CA 90057
LABORATORY DIRECTOR	JAMES C CICCARELLI PHD
EXPIRATION DATE	08/19/2010
EFFECTIVE DATE	05D1021019
CLIA ID NUMBER	

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

