

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

**LABORATORY NAME AND ADDRESS**  
IDAHO CYTOGENETICS DIAGNOSTIC LAB  
4355 W EMERALD ST #140  
BOISE, ID 83706

**CLIA ID NUMBER**  
13D1001624

**EFFECTIVE DATE**  
10/07/2016

**LABORATORY DIRECTOR**  
JULIE A SANFORD BIGGERSTAFF

**EXPIRATION DATE**  
10/06/2018

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.



A handwritten signature in cursive script that reads "Karen W. Dyer".

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