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

LABORATORY NAME AND ADDRESS

PRECISION PATHOLOGY SERVICES 12315 JUDSON ROAD SUITE 114 SAN ANTONIO, TX 78233

LABORATORY DIRECTOR
JOYCE P ROBY

45D1064267

EFFECTIVE DATE 10/06/2009

EXPIRATION DATE 10/05/2011

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.

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CENTERS for MEDICARE & MEDICAID SERVICES

Judith G. Yast Judith A. Yost, Director

Division of Laboratory Services Survey and Certification Group Center for Medicaid and State Operations

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- If this is a <u>Certificate of Registration</u>, it represents only the enrollment of the laboratory in the CLIA program and does not
 indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing
 upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.
- If this is a <u>Certificate for Provider-Performed Microscopy Procedures</u>, it certifies the laboratory to perform only those
 laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable,
 examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.
- If this is a <u>Certificate of Waiver</u>, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.



