

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

LABORATORY NAME AND ADDRESS  
GENETICS ASSOCIATES  
1916 PATTERSON ST STE 400  
NASHVILLE, TN 37203

CLIA ID NUMBER  
44D0688266

EFFECTIVE DATE  
06/07/2021

LABORATORY DIRECTOR  
VAITHILINGAM G DEV Ph.D.

EXPIRATION DATE  
06/06/2023

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*

Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality