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

LABORATORY NAME AND ADDRESS DIAMIR 2 CHURCH STREET SOUTH, SUITE B-5 NEW HAVEN, CT 06519

CLIA ID NUMBER 07D1091103

EFFECTIVE DATE

06/16/2022

EXPIRATION DATE

06/15/2024

LABORATORY DIRECTOR

SYDNEY D FINKELSTEIN M.D.

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

Certs2 051722

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:

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

LAB CERTIFICATION (CODE)

EFFECTIVE DATE

ROUTINE CHEMISTRY (310)

10/29/2014





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. CLIA ID Number: 07D1091103 DIAMIR 2 CHURCH STREET SOUTH, SUITE B-5 NEW HAVEN, CT 06519

STATE AGENCY ADDRESS AND PHONE NUMBER: CLIA LAB PROGRAM/DEPT OF PUBLIC HEALTH

410 CAPITOL AVENUE, MS#12-FLIS PO BOX 340308 HARTFORD, CT 06134-0308 (860)509-7400

LABORATORY MAILING ADDRESS: