

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF REGISTRATION

LABORATORY NAME AND ADDRESS

CURELINE BIOPATHOLOGY LLC
1849 BAYSHORE HWY, STE 280
BURLINGAME, CA 94010

LABORATORY DIRECTOR

CLAUDE O BURDICK, MD

CLIA ID NUMBER

05D1100330

EFFECTIVE DATE

06/03/2009

EXPIRATION DATE

06/02/2011

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.



A handwritten signature in blue ink that reads "Judith A. Yost".

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations