CENTER FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS
UCDMG MIDTOWN FAMILY PRACTICE
3160 FOLSOM BLVD STE 1400
SACRAMENTO, CA 95816

CLIA ID NUMBER
05D2136145

EFFECTIVE DATE
09/05/2017

LABORATORY DIRECTOR
THOMAS A BULLEN, MD D.P.M.

EXPIRATION DATE
09/04/2019

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 above, may accept direct specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date shown, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

[Signature]
Karen W. Drey, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality