

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

**LABORATORY NAME AND ADDRESS**  
UCSF CLINICAL LABS AT CHINA BASIN  
185 BERRY ST STE 290  
SAN FRANCISCO, CA 94107

**CLIA ID NUMBER**  
05D1024215

**EFFECTIVE DATE**  
02/04/2017

**LABORATORY DIRECTOR**  
WILLIAM J KARLON M.D.

**EXPIRATION DATE**  
02/03/2019

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 shown herein (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.



*Karen W. Dyer*

Karen W. Dyer, Acting Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Clinical Standards and Quality

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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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	02/04/2005
MYCOBACTERIOLOGY (115)	02/04/2005
MYCOLOGY (120)	02/04/2005
PARASITOLOGY (130)	02/04/2005
VIROLOGY (140)	02/04/2005
SYPHILIS SEROLOGY (210)	02/04/2005
GENERAL IMMUNOLOGY (220)	02/04/2005
ROUTINE CHEMISTRY (310)	02/04/2005
ENDOCRINOLOGY (330)	02/04/2005
TOXICOLOGY (340)	02/04/2005
HEMATOLOGY (400)	02/04/2005
CYTOGENETICS (900)	07/21/2005

LAB CERTIFICATION (CODE)      EFFECTIVE DATE



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://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.