



Dear Laboratory Director

Attached below is your clinical laboratory certificate.  
Your certificate is void after the expiration date below.

Expiration Date: March 07, 2019

DUHS BIOCHEMICAL GENETICS LAB  
801 CAPITOLA DR STE 6  
DURHAM NC 27713-4384

**DISPLAY:**

State law requires that the clinical laboratory certificate shall be conspicuously posted in the clinical laboratory.

**CHANGE OF LABORATORY NAME,  
DIRECTOR, OWNER AND/OR ADDRESS:**

State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. **YOUR CERTIFICATE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**

You must submit a completed application for a new clinical laboratory certificate within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application to the address indicated below.

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
Laboratory Field Services, Facility Licensing Section  
850 Marina Bay Parkway, Building P, 1st Floor  
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142A Labclin (01-17)

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State of California Department of Public Health	
CLINICAL LABORATORY CERTIFICATE OF DEEMED STATUS	
In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a certificate to operate a clinical laboratory at the indicated address or other site(s) on file with the department.	
<b>DUHS BIOCHEMICAL GENETICS LAB 801-6 CAPITOLA DRIVE DURHAM NC 27713</b>	
<b>OWNER(S):</b> DUKE UNIVERSITY HEALTH SYSTEM	<b>DIRECTOR(S):</b> DEEKSHA BALI PHD SARAH YOUNG PHD DWIGHT KOEBERL PHD ASHLEE STILES PHD
<b>LAB ID Number:</b> CDS00800606 <b>Effective Date:</b> March 8, 2018 <b>Valid Until:</b> March 7, 2019 <b>CLIA Number:</b> 34D0674833	 <hr/> Robert J. Thomas, Chief Laboratory Field Services