

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

LABORATORY NAME AND ADDRESS

INTERNATIONAL CRYOGENICS INC  
189 TOWNSEND STREET SUITE 203  
BIRMINGHAM, MI 48009

LABORATORY DIRECTOR  
WILLIS H STEPHENS MD

CLIA ID NUMBER  
23D0362829

EFFECTIVE DATE  
05/18/2011

EXPIRATION DATE  
05/17/2013

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 cursive script, reading "Judith A. Yost".

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