

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

LABORATORY NAME AND ADDRESS

FOUNDATION MEDICINE, INC  
7010 KIT CREEK ROAD  
MORRISVILLE, NC 27560

CLIA ID NUMBER

34D2044309

EFFECTIVE DATE

07/10/2021

EXPIRATION DATE

07/09/2023

LABORATORY DIRECTOR

SHAKTI RAMKISSOON M.D.

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.



*Monique Spruill*

Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

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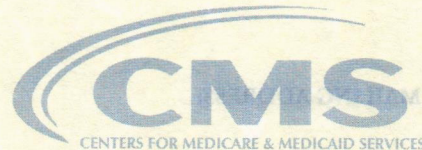
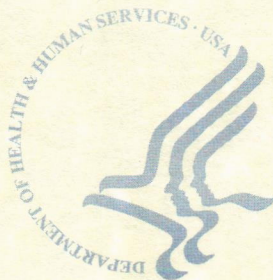
If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)  
HISTOPATHOLOGY (610)

EFFECTIVE DATE  
10/11/2016

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.



**CLIA ID Number: 34D2044309**  
FOUNDATION MEDICINE, INC  
PO BOX 709  
MORRISVILLE, NC 27560



**STATE AGENCY ADDRESS AND PHONE NUMBER:**

NC DEPT OF HEALTH AND HUMAN SERVICES  
DIVISION OF HEALTH FACILITIES/CLIA CERTIFICATION  
2713 MAIL SERVICE CENTER  
RALEIGH, NC 27699-2713  
(919)855-4620

**LABORATORY MAILING ADDRESS:**