

FILE COPY



Dear Laboratory Director

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

Expiration Date: May 13, 2020

CRESCENDO BIOSCIENCE CLINICAL LABORATORY
320 S WAKARA WAY
SALT LAKE CITY UT 84108-1214

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 143A Labclcp (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 license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

CRESCENDO BIOSCIENCE CLINICAL LABORATORY
320 WAKARA WAY
SALT LAKE CITY UT 84108

OWNER(S):

CRESCENDO BIOSCIENCE CLINICAL LABORATORY
MYRIAD GENETICS, INC.

DIRECTOR(S):

BRUCE ARNOLD MD

Lab ID Number:

CDS00800950

Effective Date:

May 14, 2019

Valid Until:

May 13, 2020

CLIA Number:

05D1106964

Robert J. Thomas

Robert J. Thomas, Chief
Laboratory Field Services