

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

LABORATORY NAME AND ADDRESS
VIACORD PROCESSING LABORATORY
A DIVISION OF VIACELL INC.
2375 PROGRESS DRIVE
HEBRON, KY 41048

CLIA ID NUMBER
18D0998668

EFFECTIVE DATE
07/09/2010

LABORATORY DIRECTOR
MARK WALTERS, MD

EXPIRATION DATE
07/08/2012

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 blue ink that reads "Judith A. Yost". The signature is written in a cursive style.

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