Dear Laboratory Director:

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

Expiration Date: September 08, 2017

UC DAVIS MEDICAL CENTER-ROCKLIN GI
550 W RANCH VIEW DR STE 2005
ROCKLIN CA 95765-5397

REGISTRATION LIMITATION:
Clinical Laboratory Registration limits the type of testing allowed in this facility to waived or PPMP testing.

DISPLAY:
State law requires that the clinical laboratory registration 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 REGISTRATION ALSO WILL BE AUTOMATICALLY REVOVED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE. You must submit a completed application for a new clinical laboratory registration 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 515 Labregis (12-15)

State of California Department of Public Health
Clinical Laboratory Registration

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a registration authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

OWNER(S):
REGENTS OF THE UNIVERSITY OF CALIFORNIA
KURT SLAPNIK, MD

DIRECTOR(S):
CECILIA R. TERRADO MD

Lab ID Number: CLR 00337745
Effective Date: September 03, 2016
Valid Until: September 08, 2017
CLIA Number: 05D1089190

Robert J. Thomas, Acting Branch Chief Laboratory Field Services
CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS
UC DAVIS MEDICAL CENTER-ROCKLIN GI
550 W RANCH VIEW DR STE 2005
ROCKLIN, CA 95765

CLIA ID NUMBER
05D1089190

EFFECTIVE DATE
09/11/2016

LABORATORY DIRECTOR
CECILIA TERRADO

EXPIRATION DATE
09/10/2018

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.

Karen W. Dyer
Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

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- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.

- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

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FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT 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.
Dear Laboratory Director:

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

Expiration Date: September 02, 2017

REGISTRATION LIMITATION:
Clinical Laboratory Registration limits the type of testing allowed in this facility to waived or PPMP testing.

DISPLAY:
State law requires that the clinical laboratory registration 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 REGISTRATION 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 registration 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 151 Labregis (12-15)

State of California Department of Public Health
Clinical Laboratory Registration

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a registration authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

UC DAVIS MEDICAL GROUP-ROCKLIN
550 W. RANCH VIEW DRIVE, SUITE 2005
PLACER CENTER FOR HEALTH
ROCKLIN CA 95765

OWNER(S):
REGENTS OF THE UNIVERSITY OF CALIFORNIA

DIRECTOR(S):
SANYUKTA S. PAWAR MD

Lab ID Number: CLP 00308880
Effective Date: September 03, 2016
Valid Until: September 02, 2017
CLIA Number: 08D0891836

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services
CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF PROVIDER-PERFORMED MICROSCOPY PROCEDURES

LABORATORY NAME AND ADDRESS
UC DAVIS MEDICAL GROUP-ROCKLIN
550 W RANCH VIEW DR STE 2005
PLACER CENTER FOR HEALTH
ROCKLIN, CA 95765

CLIA ID NUMBER
05D0691836

EFFECTIVE DATE
09/01/2016

EXPIRATION DATE
08/31/2018

LABORATORY DIRECTOR
SANYUKTA PAWAR

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.

Karen W. Dyee
Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

- If this is a Certificate of Registration, it represents only the enrollment of the laboratory in the CLIA program and does not indicate a Federal certification of compliance with other CLIA requirements. The laboratory is permitted to begin testing upon receipt of this certificate, but is not determined to be in compliance until a survey is successfully completed.

- If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

- If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT 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.
CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF WAIVER

LABORATORY NAME AND ADDRESS
UC DAVIS MEDICAL CENTER - ROCKLIN
550 W RANCH VIEW DRIVE, SUITE 1500
PLACER CENTER FOR HEALTH
ROCKLIN, CA 95765

CLIA ID NUMBER
05D1089218

EFFECTIVE DATE
09/12/2016

LABORATORY DIRECTOR
SCOTT CHRISTENSEN M.D.

EXPIRATION DATE
09/11/2018

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 above (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.

CMS
CENTER FOR MEDICARE & MEDICAID SERVICES

[Signature]
Karen W. Dytt, Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

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• If this is a Certificate for Provider-Performed Microscopy Procedures, it certifies the laboratory to perform only those laboratory procedures that have been specified as provider-performed microscopy procedures and, if applicable, examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

• If this is a Certificate of Waiver, it certifies the laboratory to perform only examinations or procedures that have been approved as waived tests by the Department of Health and Human Services.

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