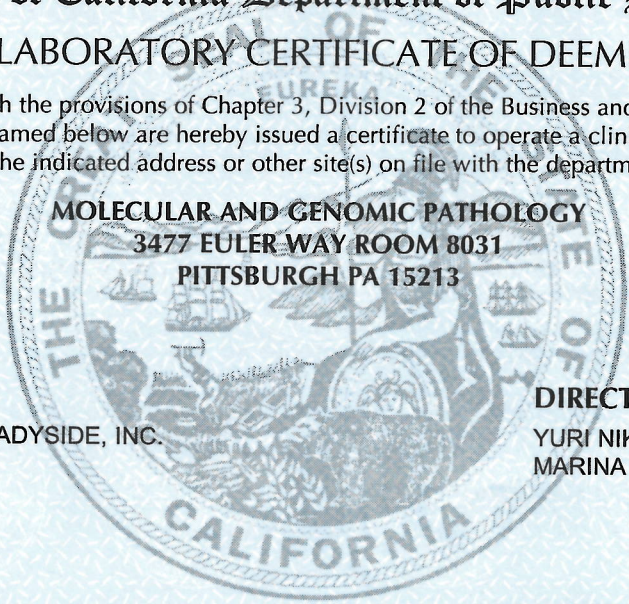


**State of California Department of Public Health**  
**CLINICAL LABORATORY CERTIFICATE OF DEEMED STATUS**

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



**MOLECULAR AND GENOMIC PATHOLOGY**  
**3477 EULER WAY ROOM 8031**  
**PITTSBURGH PA 15213**

**OWNER(S):**

UPMC PRESBYTERIAN SHADYSIDE, INC.

**DIRECTOR(S):**

YURI NIKIFOROV MD  
MARINA NIKIFOROVA MD

**LAB ID Number:** CDS00800610  
**Effective Date:** July 7, 2018  
**Valid Until:** July 6, 2019  
**CLIA Number:** 39D2059110

*Robert J. Thomas*

Robert J. Thomas, Chief  
Laboratory Field Services