

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

LABORATORY NAME AND ADDRESS
CASTLE BIOSCIENCES, INC
3737 N 7TH STREET STE 160
PHOENIX, AZ 85014

CLIA ID NUMBER
03D2096304

EFFECTIVE DATE
12/21/2022

LABORATORY DIRECTOR

SHERRI BORMAN Ph.D.

EXPIRATION DATE
12/20/2024

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:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ROUTINE CHEMISTRY (310)	12/21/2016		
HISTOPATHOLOGY (610)	06/06/2018		



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.

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3737 N 7TH STREET STE 160
PHOENIX, AZ 85014

LABORATORY DIRECTOR
SHERRI RORMAN, B.S.D.

CLIA ID NUMBER
03D2096304

EFFECTIVE DATE
12/15/2022

EXPIRATION DATE
12/15/2024

Forward to Section 352 of the Public Health Service Act (42 U.S.C. 1320a-352) and the Clinical Laboratory Improvement Amendments (CLIA) the above named laboratory is hereby certified to perform the listed laboratory tests and procedures in accordance with the requirements of the CLIA statute and the regulations thereunder. This certification shall be valid until the expiration date shown on this certificate. The conditions of the CLIA statute and the regulations thereunder shall apply to the laboratory. The conditions of the CLIA statute and the regulations thereunder shall apply to the laboratory.

CLIA ID Number: 03D2096304
CASTLE BIOSCIENCES, INC
3737 N 7TH STREET STE 160
PHOENIX, AZ 85014



STATE AGENCY ADDRESS AND PHONE NUMBER:
AZ DEPT OF HEALTH SERVICES, DIVISION OF PUBLIC
HLTH SVCS, OFFICE OF LABORATORY LICENSING & CER
250 N 17TH AVENUE
PHOENIX, AZ 85007-3231
(602)364-0720

LABORATORY MAILING ADDRESS:

PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATION. YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER. FOR CONTACT YOUR LOCAL STATE AGENCY PLEASE SEE THE LIST FOR MORE INFORMATION ABOUT CLIA VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA