Dear Laboratory Director:

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

Expiration Date: January 4, 2016

UCLA MEDICAL CENTER CLINICAL LABORATORIES
UCLA PATHOLOGY & LAB MEDICINE
10833 LE CONTE AVE, RM A7-248 BOX 951713
LOS ANGELES CA 90095-1713

DISPLAY:
State law requires that the clinical laboratory license 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 LICENSE 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 license or 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 94804-6483

Thank you for your cooperation.

Lab 142 Labclin (11-12)

State of California Department of Public Health
CLINICAL LABORATORY LICENSE
EUREKA
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.

UCLA MEDICAL CENTER CLINICAL LABORATORIES
10833 LE CONTE AVENUE BOX 95173
LOS ANGELES CA 90095-1713

OWNER(S):
RECENTS, UNIVERSITY OF CALIFORNIA
M. R. CREAM, AEC & CFO, MED SCIENCES

DIRECTOR(S):
JOSEPH SAID MD
J. OTI KUANG MD

Lab ID Number: CLF 00001541
Effective Date: January 05, 2015
Valid Until: January 04, 2016
CLIA Number: 0SD0642372

Beatrice O'Keefe, Division Chief
Laboratory Field Services