



Dear Laboratory Director:

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

Expiration Date: August 29, 2017

SANTA MONICA - UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSPITAL  
1250 16TH ST RM B504  
SANTA MONICA CA 90404-1249

**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 94804-6403

Thank you for your cooperation.

Lab 142 Labclin (12-15)

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**State of California Department of Public Health  
CLINICAL LABORATORY LICENSE**

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.

**SANTA MONICA - UCLA MEDICAL CENTER AND ORTHOPAEDIC HOSPITAL  
1250 16TH STREET, ROOM #B504  
SANTA MONICA CA 90404**

**OWNER(S):**

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

**DIRECTOR(S):**

STEVEN D HART MD  
SCOTT D NELSON MD

**Lab ID Number: CLF 00001289**

**Effective Date: August 30, 2016**

**Valid Until: August 29, 2017**

**CLIA Number: 05D0550292**

*Robert J. Thomas*

Robert J. Thomas, Acting Branch Chief  
Laboratory Field Services