

## DUPLICATE



Dear Laboratory Director:

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

Expiration Date: January 13, 2018

DUPLICATE

RONALD REAGAN UCLA MEDICAL CENTER CLINICAL LABORATORY  
10833 LE CONTE AVE  
BOX 951713, ROOM A7-248 CHS  
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 you 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 146 Labcldp (01-17)

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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.

**RONALD REAGAN UCLA MEDICAL CENTER CLINICAL LABORATORY**  
**757 WESTWOOD PLAZA, ROOM B403**  
**LOS ANGELES CA 90095**

**OWNER(S):**

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

**DIRECTOR(S):**

ZIMAN ALYSSA MD  
DRAKE THOMAS MD

**Lab ID Number: CLF 00336407**

**Effective Date: January 14, 2017**

**Valid Until: January 13, 2018**

**CLIA Number: 05D1078653**

*Robert J. Thomas*

Robert J. Thomas, Chief  
Laboratory Field Services