Dear Laboratory Director:

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

Expiration Date: October 1, 2017

UC DAVIS DERMATOLOGY, MOHS LABORATORY
3301 C ST STE 1356
SACRAMENTO CA 95816-3300

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)

---

**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.

**UC DAVIS DERMATOLOGY, MOHS LABORATORY**
3301 C STREET, SUITE 1356
SACRAMENTO CA 95816

**OWNER(S):**
REGENTS OF THE UNIVERSITY OF CALIFORNIA
GIBBE E PARSONS MD

**DIRECTOR(S):**
DANIEL EISEN MD
VICTORIA SHARON MD

Lab ID Number: CLF 00010893
Effective Date: October 02, 2016
Valid Until: October 01, 2017
CLIA Number: 05D0895787

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services