Dear Laboratory Director:

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

Expiration Date: October 2, 2015

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 (11-12)

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
THOMAS KING MD
VICTORIA SHARON MD

Lab ID Number: CLF 00010893
Effective Date: October 03, 2014
Valid Until: October 02, 2015
CLIA Number: 05D0895787

Beatrice O'Keefe
Beatrice R. O'Keefe, Division Chief
Laboratory Field Services