Dear Laboratory Director:

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

Expiration Date: December 27, 2017

UCD COCCIDIOIDOMYCOSIS SEROLOGY LABORATORY
UCD SCHOOL OF MEDICINE
W. HEALTH SCIENCES DR. RM3144 TUPPER HL
DAVIS CA 95616-8645

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.

UCD COCCIDIOIDOMYCOSIS SEROLOGY LABORATORY
ROOM 3144 TUPPER HALL
SCHOOL OF MEDICINE, UNIVERSITY OF CALIF
DAVIS CA 95616

OWNER(S):
REGENTS OF THE UNIVERSITY OF CALIFORNIA

DIRECTOR(S):
GEORGE R THOMPSON III MD
DEMOSTHENES PAPAGIANIS MD

Lab ID Number: CLF 00002768
Effective Date: December 28, 2016
Valid Until: December 27, 2017
CLIA Number: 05D0644123

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services