Dear Laboratory Director:

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

Expiration Date: December 29, 2014
DUPLICATE

UCD MEDICAL CENTER SACRAMENTO
4400 V ST
SACRAMENTO CA 95817-1464

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 (2-13)

Tear Here

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 MEDICAL CENTER SACRAMENTO
2315 STOCKTON BOULEVARD
SACRAMENTO CA 95817

OWNER(S):
REGENTS OF THE UNIVERSITY OF CALIFORNIA

DIRECTOR(S):
HOWELL LYDIA P. MD

Lab ID Number: CLF 00001189
Effective Date: December 30, 2013
Valid Until: December 29, 2014
CLIA Number: 05D0615657

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