



Dear Laboratory Director:

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

Expiration Date: March 8, 2016

BIOREFERENCE LABORATORIES, INC.
174 MINEOLA BLVD STE 1
MINEOLA NY 11501-2513

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)

Tear Here

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.

BIOREFERENCE LABORATORIES, INC.
174 MINEOLA BLVD STE 1
MINEOLA NY 11501

OWNER(S):

BIOREFERENCE LABORATORIES, INC.

DIRECTOR(S):

KAMBIZ MERATI MD
STEPHEN BROWN MD

Lab ID Number: COS 00800178

Effective Date: March 10, 2015

Valid Until: March 08, 2016

CLIA Number: 33D0982993

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