CLINICAL AND PUBLIC HEALTH 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.

BIOREFERENCE LABORATORIES, INC.

3401 WINONA AVENUE UNIT 101,
BURBANK, CA 91504

STATE ID: CDF-00349573
LICENSE TYPE:
CLINICAL LABORATORY LICENSE
CERTIFICATE OF DEEMED STATUS
CLIA ID: 05D2117497

EFFECTIVE DATE: 12/19/2019
EXPIRATION DATE: 12/18/2020

OWNER/S:
BIOREFEERENCE LABORATORIES, INC.
FROST GAMMA INVEST
FROST, PHILLIP
HSIAO, JUNE

DIRECTOR/S:
GURUJI, ANILA,

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 MAY BE REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.

If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new clinical laboratory license.
To make these changes or to submit a new application, visit our website: https://www.cdph.ca.gov/LFS (Go to Clinical Laboratory Facilities)

ROBERT J. THOMAS
BRANCH CHIEF
LABORATORY FIELD SERVICES