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.

2605 S. WINCHESTER BLVD.,
CAMPBELL, CA 95008

STATE ID: CDF-00002260
EFFECTIVE DATE: 07/13/2020
EXPIRATION DATE: 07/12/2021

OWNER/S:
FROST GAMMA INVEST.
PHILLIP FROST
JAUE (JANE) HSIAO
BIOREFERENCE LABORATORIES

LICENSE TYPE:
CLINICAL LABORATORY LICENSE
CERTIFICATE OF DEEMED STATUS
CLIA ID: 05D0586114

DIRECTOR/S:
WEISS, GERALD, A

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