

DUPLICATE



Dear Laboratory Director

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

Expiration Date: July 13, 2019

DUPLICATE

BIOREFERENCE LABORATORIES, INC.
2605 WINCHESTER BLVD
CAMPBELL CA 95008-5379

DISPLAY:

State law requires that the clinical laboratory certificate 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 CERTIFICATE 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 certificate 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 146A Labcldp (01-17)

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State of California Department of Public Health

CLINICAL LABORATORY CERTIFICATE OF DEEMED STATUS

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a certificate to operate a clinical laboratory at the indicated address or other site(s) on file with the department.

BIOREFERENCE LABORATORIES, INC.
2605 S. WINCHESTER BLVD.
CAMPBELL CA 95008

OWNER(S):

BIOREFERENCE LABORATORIES
FROST GAMMA INVEST.
PHILLIP FROST
JAUE (JANE) HSIAO

DIRECTOR(S):

GERALD A WEISS MD

LAB ID Number: CDF00002260
Effective Date: July 14, 2018
Valid Until: July 13, 2019
CLIA Number: 05D0596114

Robert J. Thomas, Chief
Laboratory Field Services