



# 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.

**STATE ID:**

SCAN QR CODE TO VERIFY LICENSE  
OR VISIT: [www.cdph.ca.gov/LFS](http://www.cdph.ca.gov/LFS)

**EFFECTIVE DATE:****EXPIRATION DATE:****OWNER/S:****LICENSE TYPE:****CLIA ID:****DIRECTOR/S:**

**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