



Dear Laboratory Director:

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

Expiration Date: DECEMBER 30, 2009

BLOOD CENTERS OF THE PACIFIC - IRWIN CENTER  
270 MASONIC AVENUE  
SAN FRANCISCO, CA 94118

**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 you 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 OCCURS** Mail written notification of the above changes 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

Tear Here

Label# 11/28/07  
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.

**BLOOD CENTERS OF THE PACIFIC - IRWIN CENTER  
270 MASONIC AVENUE  
SAN FRANCISCO, CA 94118**

**OWNER(S):**  
BLOOD CENTERS OF THE PACIFIC

**DIRECTOR(S):**  
NORA HIRSCHLER MD  
MICHAEL P BUSCH MD  
SUCHITRA PANDEY MD  
KIM-ANH NGUYEN MD  
EDWARD L MURPHY MD  
PHILIP J NORRIS MD

CLIA Number: 05D0693508  
Lab ID Number: CLF 644  
Effective Date: DECEMBER 31, 2008  
Valid Until: DECEMBER 30, 2009

*Karen L Nickel*  
Karen L Nickel, Chief  
Laboratory Field Services