



Dear Laboratory Director:

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

Expiration Date: DECEMBER 30, 2010

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.

Labclin 11/28/07

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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, 2009
Valid Until: DECEMBER 30, 2010

Karen L. Nickel

Karen L. Nickel, Chief
Laboratory Field Services