



Dear Laboratory Director:

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

Expiration Date: April 8, 2012

CEDARS-SINAI MEDICAL CENTER DEPT OF
PATHOLOGY AND LAB MEDICINE
8700 BEVERLY BLVD RM 3719
WEST HOLLYWOOD CA 90048-1804

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.

Lab 142 Labclin (11-09)

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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.

CEDARS-SINAI MEDICAL CENTER DEPT OF PATHOLOGY AND LAB MEDICINE
8700 BEVERLY BOULEVARD, ROOM 3719
LOS ANGELES CA 90048

OWNER(S):

CEDARS-SINAI MEDICAL CENTER
THOMAS M. PRISELAC, PRESIDENT & CEO
EDWARD M. PRUNCHUNAS, SR. VP & CFO
MARK S. SIEGEL, SECRETARY
JEFFREY J. DEETER, VP, CLIN & SUPPORT SVCS

DIRECTOR(S):

MAHUL B AMIN MD

Lab ID Number: CLF00000915
Effective Date: April 10, 2011
Valid Until: April 8, 2012
CLIA Number: 05D0541033

Beatrice O'Keefe
Beatrice R. O'Keefe, Chief
Laboratory Field Services