



Dear Laboratory Director:

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

Expiration Date: FEBRUARY 22, 2011

NATIONAL INSTITUTE OF TRANSPLANTATION LABORATORY
221 S. FIGUEROA ST SUITE 510
LOS ANGELES, CA 90012

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.

**NATIONAL INSTITUTE OF TRANSPLANTATION LABORATORY
221 S. FIGUEROA ST SUITE 510
LOS ANGELES, CA 90012**

OWNER(S):

NATIONAL INSTITUTE OF TRANSPLANTATION
JUSTIN DOOLEY, CEO

DIRECTOR(S):

MIEN HARDY MD

CLIA Number: 05D0962012
Lab ID Number: CLF 11589
Effective Date: FEBRUARY 23, 2010
Valid Until: FEBRUARY 22, 2011

Karen L. Nickel

Karen L. Nickel, Chief
Laboratory Field Services