



Dear Laboratory Director:

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

Expiration Date: February 23, 2012

**NATIONAL INSTITUTE OF TRANSPLANTATION
LABORATORY
221 S FIGUEROA ST STE 510
LOS ANGELES CA 90012-2526**

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 Labelin (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.

**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

Lab ID Number: CLF00011589
Effective Date: February 23, 2011
Valid Until: February 23, 2012
CLIA Number: 05D0962012

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