



Dear Laboratory Director:

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

Expiration Date: December 30, 2012

STANFORD CLINICAL LABORATORY AT
HILLVIEW
DAVID MYRICK/STANFORD CLINICAL LAB.
300 PASTEUR DR, MAIL CODE 5627
STANFORD CA 94305

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.

STANFORD CLINICAL LABORATORY AT HILLVIEW
3375 HILLVIEW AVENUE
PALO ALTO CA 94304

OWNER(S):

STANFORD HOSPITAL & CLINICS

DIRECTOR(S):

DANIEL A. ARBER MD

Lab ID Number: CLF00332530
Effective Date: January 1, 2012
Valid Until: December 30, 2012
CLIA Number: 05D1038598

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