CLINICAL AND PUBLIC HEALTH 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.

UCLA CYTOGENETICS CENTER - WEST MED

1010 VETERAN AVE, ROOM 2216
LOS ANGELES, CA 90024-2704

STATE ID: CDF-90005236
SCAN QR CODE TO VERIFY LICENSE
OR VISIT: www.cdph.ca.gov/LFS

EFFECTIVE DATE: 11/05/2021

EXPIRATION DATE: 11/04/2022

OWNER/S:
REGENTS OF THE UNIVERSITY OF CALIFORNIA

LICENSE TYPE:
CLINICAL LABORATORY LICENSE
CERTIFICATE OF DEEMED STATUS

CLIA ID: 05D2242237

DIRECTOR/S:
GRODY, WAYNE, W

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 the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors.
If this office is not notified, your license may be revoked 30 days after major Owner and/or Director change.
If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new laboratory license.
To make these changes or to submit a new application, visit our website: https://www.cdph.ca.gov/LFS *(Go to Laboratory Facilities)*

Robert J. Thomas
ROBERT J. THOMAS
BRANCH CHIEF
LABORATORY FIELD SERVICES