

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 30604A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

EXFOLIATIVE CYTOLOGY NON-SYPHILIS SEROLOGY

UCLA IMMUNOGENETICS CTR DEPT OF PATH LAB MED ELAINE F REED 1000 VETERAN AVENUE ROOM1520 LOS ANGELES, CA 90095-1652

Owner:

REGENTS OF THE UNIV OF CA

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

Defull

Denise Johnson MD, FACOG, FACHE Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

