



Dear Laboratory Director:

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

Expiration Date: July 14, 2018

NEW YORK BLOOD CENTER, INC.
4501 VERNON BLVD
LONG ISLAND CITY NY 11101-5201

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. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**

You must submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application 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 (01-17)

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| <p>State of California Department of Public Health CLINICAL LABORATORY LICENSE</p> <p>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.</p> <p>NEW YORK BLOOD CENTER, INC. 45-01 VERNON BLVD LONG ISLAND NY 11101</p> | |
| <p>OWNER(S): NEW YORK BLOOD CENTER, INC.</p> | <p>DIRECTOR(S): CONSTANCE WESTHOFF PHD</p> |
| <p>Lab ID Number: COS 00800614 Effective Date: July 15, 2017 Valid Until: July 14, 2018 CLIA Number: 33D0673132</p> | |
| <p><i>Robert J. Thomas</i> Robert J. Thomas, Chief Laboratory Field Services</p> | |