

FILE COPY



Dear Laboratory Director

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

Expiration Date: November 05, 2019

QUEST DIAGNOSTICS TB, LLC
315 NORWOOD PARK S
NORWOOD MA 02062-4681

DISPLAY:

State law requires that the clinical laboratory certificate 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 CERTIFICATE 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 certificate 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 143A Labclcp (01-17)

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State of California Department of Public Health
CLINICAL LABORATORY CERTIFICATE OF DEEMED STATUS

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.

QUEST DIAGNOSTICS TB, LLC
315 NORWOOD PARK SOUTH
NORWOOD MA 02062

OWNER(S):
QUEST DIAGNOSTICS, INC

DIRECTOR(S):
MIHAE PLATT PHD

Lab ID Number: CDS00800756
Effective Date: November 6, 2018
Valid Until: November 5, 2019
CLIA Number: 22D0650196

Robert J. Thomas
Robert J. Thomas, Chief
Laboratory Field Services