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.

CEDARS-SINAI MEDICAL CENTER TRANSPLANTATION & IMMUNOLOGY LAB

8723 ALDEN DRIVE, SSB ROOM 336
LOS ANGELES, CA 90048

STATE ID: CDF-00011685
SCAN QR CODE TO VERIFY LICENSE OR VISIT: www.cdph.ca.gov/LFS
EFFECTIVE DATE: 12/06/2021
EXPIRATION DATE: 12/05/2022
OWNER/S:
CEDARS-SINAI MEDICAL CENTER

LICENSE TYPE:
CLINICAL LABORATORY LICENSE

CLIA ID: 05D0979609
DIRECTOR/S:
JORDAN, STANLEY, C

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
BRANCH CHIEF
LABORATORY FIELD SERVICES

LAB CERT 300 (01-2020)