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.

UCD COCCIDIOIDOMYCOSES SEROLOGY LABORATORY

1 SHIELDS AVENUE, RM#3137 TUPPER HALL-UCD SCHL OF MED
DAVIS, CA 95616

STATE ID: CLF-00002768
SCAN QR CODE TO VERIFY LICENSE
OR VISIT: www.cdphe.ca.gov/LFS
EFFECTIVE DATE: 12/28/2019
EXPIRATION DATE: 12/27/2020

OWNER(S):
REGENTS OF THE UNIVERSITY OF CALIFORNIA

LICENSE TYPE:
CLINICAL LABORATORY LICENSE

CLIA ID: 05D0644125

DIRECTOR(S):
COHEN, STUART, A
PAPPAGIANIS, DEMOSTHENES,
THOMPSON III, GEORGE, RICHARD
MCHARDY, IAN,

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 MAY BE REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.
If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new clinical laboratory license.

To make these changes or to submit a new application, visit our website: https://www.cdphe.ca.gov/LFS (Go to Clinical Laboratory Facilities)

Robert J. Thomas
BRANCH CHIEF
LABORATORY FIELD SERVICES

LABCERT 300 (05-2019)