

## DUPLICATE



Dear Laboratory Director:

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

Expiration Date: August 16, 2018

DUPLICATE

BIOREFERENCE LABORATORIES, INC.  
481 EDWARD H ROSS DR  
ELMWOOD PARK NJ 07407-3128

**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 you 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 146 Labclpd (01-17)

Tear Here

Tear Here

State of California Department of Public Health  
CLINICAL 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 or other site(s) on file with the department.

**BIOREFERENCE LABORATORIES, INC.**  
**3401 WINONA UNIT # 101**  
**BURBANK CA 91504**

**OWNER(S):**

BIOREFERENCE LABORATORIES, INC.  
FROST GAMMA INVEST  
FROST, PHILLIP  
HSIAO, JUNE

**DIRECTOR(S):**

JAMES WEISBERGER MD

**Lab ID Number: CLF 00349573**

**Effective Date: August 17, 2017**

**Valid Until: August 16, 2018**

**CLIA Number: 05D2117497**

*Robert J. Thomas*

Robert J. Thomas, Chief  
Laboratory Field Services