

State of California Department of Public Health
Clinical Laboratory License

In accordance with the provisions of Chapter 3, Division 12 of the Business and Professions Code, the persons named below are hereby issued a license to operate a clinical laboratory at the indicated address (or other sites) on file with the department.

CITY OF HOPE NATIONAL MEDICAL CENTER DEPT OF CLINICAL PATHOLOGY
1500 EAST DUARTE ROAD
DUARTE, CA 91010

OWNER(S):

CITY OF HOPE A NATIONAL MEDICAL CENTER
ELIZABETH DUNNE
LAWRENCE WEISS



DIRECTOR(S):

LAWRENCE WEISS MD
SHARON P WILCZYNSKI MD
SHIRONG WANG MD
JOY FRIDEY MD

CLIA Number: 05D0665895
LAB ID Number: CLF 268
Effective Date: JANUARY 01, 2008
Valid Until: DECEMBER 31, 2008

Karen L. Nickel

Karen L. Nickel, Chief
Laboratory Field Services

CENTERS FOR MEDICARE & MEDICAID SERVICES
 CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
 CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS	CLIA ID NUMBER
CITY OF HOPE/DIVISION OF PATHOLOGY	05D0665695
RM 2287 NW BLDG	EFFECTIVE DATE
C/O LAWRENCE M WEISS MD	02/09/2007
DUARTE, CA 91010	EXPIRATION DATE
LABORATORY DIRECTOR	02/08/2009
LAWRENCE M WEISS MD	

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost

Judith A. Yost, Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Medicaid and State Operations

1042 cert32.011307

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/25/1995	ANTIBODY NON-TRANSFUSION (530)	01/21/2002
MYCOBACTERIOLOGY (115)	07/25/1995	ANTIBODY IDENTIFICATION (540)	01/21/2002
MYCOLOGY (120)	07/25/1995	COMPATIBILITY TESTING (550)	01/21/2002
PARASITOLOGY (130)	07/25/1995	HISTOPATHOLOGY (610)	07/25/1995
VIROLOGY (140)	07/25/1995	CYTOLOGY (630)	06/13/2003
GENERAL IMMUNOLOGY (220)	07/25/1995	CYTOGENETICS (900)	07/25/1995
ROUTINE CHEMISTRY (310)	07/25/1995		
URINALYSIS (320)	07/25/1995		
ENDOCRINOLOGY (330)	07/25/1995		
TOXICOLOGY (340)	03/29/2003		
HEMATOLOGY (400)	07/25/1995		
ABO & RH GROUP (510)	01/21/2002		
ANTIBODY TRANSFUSION (520)	01/21/2002		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE



Advancing Excellence

**Accredited
Laboratory**

The College of American Pathologists

certifies that the laboratory named below

***City of Hope National Medical Center
Division of Pathology
Duarte, California
Lawrence M. Weiss, MD***

LAP Number: 2290001

AU-ID: 1187558

has met all applicable standards for accreditation and is hereby fully accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to September 10, 2008 to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Chair, Commission on Laboratory Accreditation

President, College of American Pathologists