

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.

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

OWNER(S):

CITY OF HOPE NATIONAL MEDICAL CENTER

DIRECTOR(S):

PEIGUO CHU MD  
SHARON P WILCZYNSKI MD  
SHIRONG WANG MD

Lab ID Number: CLF 00000268

Effective Date: January 1, 2012

Valid Until: December 30, 2012

CLIA Number: 05D0665695



Beatrice R. O'Keefe, Division Chief  
Laboratory Field Services

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

**LABORATORY NAME AND ADDRESS**  
CITY OF HOPE/DIVISION OF PATHOLOGY  
RM 2287 NW BLDG  
C/O LAWRENCE M WEISS MD  
DUARTE, CA 91010

**LABORATORY DIRECTOR**  
LAWRENCE M WEISS MD

**CLIA ID NUMBER**  
05D0665695

**EFFECTIVE DATE**  
02/09/2011

**EXPIRATION DATE**  
02/08/2013

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

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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>
HISTOCOMPATIBILITY (010)	08/03/2009	ANTIBODY TRANSFUSION (520)	01/21/2002
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		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://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

CLIA Number: 05D0665695

*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, 2012 to maintain accreditation.*

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

*Frank R Rudy*

Chair, Commission on Laboratory Accreditation

*Hugh H Baum MD FCAP*

President, College of American Pathologists