



Dear Laboratory Director:

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

Expiration Date: October 12, 2017

**BLOODWORKS IMMUNOGENETICS/HLA
BLOODWORKS; ATTN: QARA DEPARTMENT
921 TERRY AVENUE
SEATTLE WA 98104**

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 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 142 Labclin (12-15)

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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.

**BLOODWORKS IMMUNOGENETICS/HLA
921 TERRY AVENUE
SEATTLE WA 98104**

OWNER(S):

PUGET SOUND BLOOD CENTER AND PROGRAM

DIRECTOR(S):

PAUL WARNER PHD

Lab ID Number: COS 00800324

Effective Date: October 13, 2016

Valid Until: October 12, 2017

CLIA Number: 50D2006313

Robert J. Thomas

Robert J. Thomas, Acting Branch Chief
Laboratory Field Services