



Dear Laboratory Director:

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

Expiration Date: March 29, 2018

**BLOODWORKS CENTRAL SDL  
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 (01-17)

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**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 CENTRAL SDL  
921 TERRY AVENUE  
SEATTLE WA 98104**

**OWNER(S):**

PUGET SOUND BLOOD CENTER AND PROGRAM

**DIRECTOR(S):**

BARBARA KONKLE MD

**Lab ID Number: COS 00800234**

**Effective Date: March 30, 2017**

**Valid Until: March 29, 2018**

**CLIA Number: 50D1014714**

*Robert J. Thomas*

Robert J. Thomas, Chief  
Laboratory Field Services