

CLINICAL AND PUBLIC HEALTH _ABORATORY LICENSE



named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons

NATIONAL CENTER FOR BLOOD GROUP GENOMICS (NCBGC)

KANSAS CITY, KS 66103-2943 2002 W 39TH AVE



STATE ID: () S-00800 0 964 SCAN OR CODE TO VERIFY LICENSE OR VISIT: www.cdph.ca.gov/LFS

EXPIRATION DATE: 07/02/2025 EFFECTIVE DATE: 07/03/2024

NEW YORK BLOOD CENTER, INC. DBA NYBC

OWNER/S:

LICENSE TYPE

CERTIFICATE OF DEEMED STATUS CLINICAL LABORATORY LICENSE

DIRECTOR/S:

JORGE OCHOA-GARAY

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 To make these changes or to submit a new application, visit our website: https://www.cdph.ca.gov/LFS (Go to Laboratory Facilities) If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new laboratory license f this office is not notified, your license may be revoked 30 days after major Owner and/or Director change.

LABORATORY FIELD SERVICES ROBERT J. THOMAS
BRANCH CHIEF