



Dear Laboratory Director

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

Expiration Date: August 28, 2020

NATIONAL GENETICS INSTITUTE  
2440 S SEPULVEDA BLVD STE 235  
SUITE 235  
LOS ANGELES CA 90064-1748

**DISPLAY:**

State law requires that the clinical laboratory certificate 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 CERTIFICATE 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 certificate 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 142A Labclin (01-17)

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**State of California Department of Public Health**

**CLINICAL LABORATORY CERTIFICATE OF DEEMED STATUS**

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a certificate to operate a clinical laboratory at the indicated address or other site(s) on file with the department.

**NATIONAL GENETICS INSTITUTE  
2440 SOUTH SEPULVEDA BOULEVARD  
SUITE 235  
LOS ANGELES CA 90064**

**OWNER(S):**

LABORATORY CORPORATION OF AMERICA HOLDINGS

**DIRECTOR(S):**

WENJIANG CHU MD

**LAB ID Number:** CDF00010226  
**Effective Date:** August 30, 2019  
**Valid Until:** August 28, 2020  
**CLIA Number:** 05D0713514

Robert J. Thomas, Chief  
Laboratory Field Services