

COPY

Dear Laboratory Director:

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

Expiration Date: SEPTEMBER 13, 2010

THE NEBRASKA MEDICAL CENTER CLINICAL LABORATORY
983135 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198**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 you 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 OCCURS.** Mail written notification of the above changes 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

SEP 23 2009

Thank you for your cooperation.

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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.

THE NEBRASKA MEDICAL CENTER CLINICAL LABORATORY
983135 NEBRASKA MEDICAL CENTER
OMAHA, NE 68198**OWNER(S):**

THE NEBRASKA MEDICAL CENTER

DIRECTOR(S):

JAMES L WISECARVER PHD

CLIA Number: 28D0453728
Lab ID Number: COS 800281
Effective Date: SEPTEMBER 14, 2009
Valid Until: SEPTEMBER 13, 2010Karen L. Nickel, Chief
Laboratory Field Services