Dear Laboratory Director:

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

Expiration Date: September 12, 2013

THE NEBRASKA MEDICAL CENTER CLINICAL LABORATORY
983135 NEBRASKA MEDICAL CTR
OMAHA NE 68198-3135

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 blow:

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 (9-11)

Tear Here

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.

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

Lab ID Number: COS 00800281
Effective Date: September 13, 2012
Valid Until: September 12, 2013
CLIA Number: 28D0453728

Beatrice O'Keefe

Beatrice R. O'Keefe, Division Chief
Laboratory Field Services