



Dear Laboratory Director:

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

Expiration Date: FEBRUARY 17, 2011

ACCU PATH DIAGNOSTIC LABORATORIES, INC./DBA-US LAB  
2601 CAMPUS DRIVE  
IRVINE, CA 92612

**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

Thank you for your cooperation.

Labclin 11/28/07  
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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.

**ACCU PATH DIAGNOSTIC LABORATORIES, INC./DBA-US LABS  
2601 CAMPUS DRIVE  
IRVINE, CA 92612**

**OWNER(S):**

ACCU PATH DIAGNOSTIC LABORATORIES, INC.  
US PATHOLOGY LABORATORIES, INC.  
LABORATORY CORPORATION OF AMERICA HOLDINGS

**DIRECTOR(S):**

KIM DICKINSON MD

CLIA Number: 05D0923321  
Lab ID Number: CLF 11295  
Effective Date: FEBRUARY 18, 2010  
Valid Until: FEBRUARY 17, 2011

*Karen L. Nickel*  
Karen L. Nickel, Chief  
Laboratory Field Services