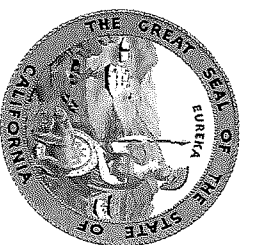




CLINICAL AND PUBLIC HEALTH LABORATORY LICENSE



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.

BARR DERMATOPATHOLOGY

20 FAIRBANKS, SUITE 184,
IRVINE, CA 92618



STATE ID: CLF-00354428
SCAN QR CODE TO VERIFY LICENSE
OR VISIT: www.cdph.ca.gov/LFS

LICENSE TYPE:
CLINICAL LABORATORY LICENSE

EFFECTIVE DATE: 08/01/2020
EXPIRATION DATE: 07/31/2021

CLIA ID: 05D2170027

OWNERS:

HILLMAN, JOSEPH
BARR, RONALD
CANTOS, KEN
DEL ROSARIO, RAUL
MACHTINGER, LAWRENCE
TUCKER, RAEL YNN
NEWPORT HARBOR PATHOLOGY MEDICAL GROUP

DIRECTORS:

HILLMAN, JOSEPH,
DEL ROSARIO, RAUL,
TUCKER, RAEL YNN,
CANTOS, KENNETH,
BARR, RONALD,
MACHTINGER, LAWRENCE,

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. If this office is not notified, your license may be revoked 30 days after major Owner and/or Director change.

If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new laboratory license. To make these changes or to submit a new application, visit our website: <https://www.cdph.ca.gov/LFS> (Go to Laboratory Facilities)

Robert J. Thomas

ROBERT J. THOMAS
BRANCH CHIEF
LABORATORY FIELD SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF COMPLIANCE

LABORATORY NAME AND ADDRESS

BARR DERMATOPATHOLOGY
20 FAIRBANKS, STE 184
IRVINE, CA 92618-1673

CLIA ID NUMBER

05D2170027

EFFECTIVE DATE

09/23/2020

LABORATORY DIRECTOR

JOSEPH HILLMAN MD DIRECTOR

EXPIRATION DATE

09/22/2022

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Regina S. Van Brakle

Regina S. Van Brakle, Acting Director
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

149 Certs2_102720

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
HISTOPATHOLOGY (610)	09/23/2020		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.