Dear Laboratory Director:

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

Expiration Date: August 11, 2016

WASHINGTON UNIVERSITY ANATOMIC AND MOLECULAR PATHOLOGY
660E. EUCLID AVE. CAMPUS BOX 8118
SAINT LOUIS MO 63110

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. YOUR LICENSE 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 license or registration 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 142 Labclln (11-12)

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.

WASHINGTON UNIVERSITY ANATOMIC AND MOLECULAR PATHOLOGY
660E. EUCLID AVE. CAMPUS BOX 8118
SAINT LOUIS MO 63110

OWNER(S):
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

DIRECTOR(S):
ERIKA C COUCH PHD

Lab ID Number: COS 00800612
Effective Date: August 12, 2015
Valid Until: August 11, 2016
CLIA Number: 26D2013203

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