



Dear Laboratory Director:

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

Expiration Date: DECEMBER 14, 2010

LIFESOURCE TESTING LABORATORY
1205 MILWAUKEE AVENUE
GLENVIEW, IL 60025

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.

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Label# 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.

LIFESOURCE TESTING LABORATORY
1205 MILWAUKEE AVENUE
GLENVIEW, IL 60025

OWNER(S):

LIFESOURCE
INSTITUTE FOR TRANSFUSION MEDICINE
RUSSELL E FEURER
MICHAEL H JONES

DIRECTOR(S):

RAMESHCHANDRA KAKAIYA MD



CLIA Number: 14D0424744
Lab ID Number: COS 800212
Effective Date: DECEMBER 15, 2009
Valid Until: DECEMBER 14, 2010

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