

CLIA H C F A - 1 1 6 L A B O R A T O R Y I N Q U I R Y 3.1
PROV #: 05D0914738 ST AGENCY RCVD DT: 05081996 116 RCVD DT: 05081996
FED TAX ID: 951726412 LAB CLASS: 00 CLIA LABORATORY ACTIVE 116
RECORD TYPE: ACCEPTED SURVEY DATE: ODIE ENTRY PEND:
NAME: HOUCHIN COMMUNITY BLOOD BANK PHONE: 6613234222
FAX: 6618636889

STREET: 5901 TRUXTUN AVE STATE REGION: M1

CITY: BAKERSFIELD STATE: CA ZIP: 93309 - 0610

DIRECTOR LAST NAME: SHAMBAUGH FIRST: SHAWN M.I.: C

APP TYPE: 3 ACCR PEND APP: NEW APP: NEW EFF DATE:

OVERRIDE ADJ EDITS: LAST OVERRIDE DATE: COMPETITIVE BID PROJ:
 SCHEDULE CODES CERTIFICATE COMPLIANCE ACCREDITATION
 116: A A
 1557: V V

ENFC ST:
 TERM CODE: 00 CERT EXPIRATION DATE: 03112013 SHARED LAB X-REF #:
 MEDICARE#: AQAS SURVEY SENT: CROSS REF #:

==> PF1=HELP PF2=MAIL ADDR PF3=QUIT PF4=LOOKUP
 PF6=HISTORY PF9=ACCTNG PF10=ODIE SPEC PF11=CERT PF12=MAIN MENU

THIS SCREEN PRINT IS A VERIFICATION
THAT THE ENTITY/LABORATORY LISTED ABOVE HAS
A VALID CLIA CERTIFICATION
OF *Accreditation*
CERTIFICATION EXPIRATION DATE 3-11-13
VERIFIED BY *R. Amari* DATE 3-8-11
STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF PUBLIC HEALTH
LABORATORY FIELD SERVICES