



Dear Laboratory Director:

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

Expiration Date: August 10, 2012

**HOUCHIN COMMUNITY BLOOD BANK  
2600 G ST  
BAKERSFIELD CA 93301-2814**

**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.

Lab 142 Labclin (11-09)

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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.

**HOUCHIN COMMUNITY BLOOD BANK  
5901 TRUXTUN AVENUE  
BAKERSFIELD CA 93309**

**OWNER(S):**

HOUCHIN BLOOD SERVICES

**DIRECTOR(S):**

SHAWN C SHAMBAUGH MD  
STEVEN R. JACOBS MD

Lab ID Number: CLF00319840  
Effective Date: August 12, 2011  
Valid Until: August 10, 2012  
CLIA Number: 05D0914738

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