



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.

HOUCHIN COMMUNITY BLOOD BANK

5901 TRUXTUN AVENUE,
BAKERSFIELD, CA 93309



STATE ID: CDF - 00319840
SCAN QR CODE TO VERIFY LICENSE
OR VISIT: www.cdph.ca.gov/LFS

EFFECTIVE DATE: 10/18/2019
EXPIRATION DATE: 10/17/2020

LICENSE TYPE:
CLINICAL LABORATORY LICENSE
CERTIFICATE OF DEEMED STATUS
CLIA ID: 05D0914738

OWNER/S:
HOUCHIN COMMUNITY BLOOD BANK

DIRECTOR/S:
SHAMBAUGH, SHAWN, C

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 MAY BE REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.
If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new clinical laboratory license.
To make these changes or to submit a new application, visit our website: <https://www.cdph.ca.gov/LFS> (Go to *Clinical Laboratory Facilities*)

Robert J. Thomas
ROBERT J. THOMAS
BRANCH CHIEF
LABORATORY FIELD SERVICES