



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
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2671 OSWELL ST STE C,
BAKERSFIELD, CA 93306-3152



STATE ID: CDF-00319840-1
SCAN QR CODE TO VERIFY LICENSE
OR VISIT: www.cdph.ca.gov/LFS
EFFECTIVE DATE: 10/18/2023
EXPIRATION DATE: 10/17/2024

LICENSE TYPE:
CLINICAL LABORATORY REGISTRATION
CERTIFICATE OF DEEMED STATUS

OWNERS:

HOUCHIN COMMUNITY BLOOD BANK

DIRECTORS:

SHAWN C SHAMBAUGH, MD

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:

If this office is not notified, your license is not revoked, your license may be revoked 30 days after major Owner and/or Director change.
If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new laboratory license.
To make these changes or to submit a new application, visit our website: <https://www.cdph.ca.gov/LFS> (Go to Laboratory Facilities)

Robert J. Thomas

ROBERT J. THOMAS
BRANCH CHIEF
LABORATORY FIELD SERVICES