



Dear Laboratory Director:

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

Expiration Date: September 3, 2011

**BRLI#2 ACQUISITION CORP  
207 PERRY PKWY  
GAITHERSBURG MD 20877-2142**

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.

**BRLI#2 ACQUISITION CORP  
207 PERRY PARKWAY  
GAITHERSBURG MD 20877**

**OWNER(S):**

**BIO REFERENCE LABORATORIES, INC.  
MARC CEO GRODMAN  
SHERRI J BALE  
ANNE MADDALENA**

**DIRECTOR(S):**

**SHERRI J BALE PHD  
WENDY CHUNG PHD**

**Lab ID Number:** COS00800286  
**Effective Date:** September 4, 2010  
**Valid Until:** September 3, 2011  
**CLIA Number:** 21D0969951

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