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.

YALE UNIVERSITY SCHOOL OF MEDICINE DEPARTMENT OF PATHOLOGY LABORATORY

20 YORK ST # EP2-607,
NEW HAVEN, CT 06510-3220

STATE ID: CDS-90005937

SCAN QR CODE TO VERIFY LICENSE
OR VISIT: www.cdph.ca.gov/LFS

EFFECTIVE DATE: 03/08/2025

EXPIRATION DATE: 03/07/2026

LICENSE TYPE:

CLINICAL LABORATORY LICENSE

CERTIFICATE OF DEEMED STATUS

OWNER/S:

YALE UNIVERSITY SCHOOL OF MEDICINE DEPARTMENT OF PATHOLOGY

DIRECTOR/S:

ANGELIQUE LEVI, 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:

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.
If this office is not notified, 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