

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

SEQUOIA HOSPITAL LABORATORY  
170 ALAMEDA DE LAS PULGAS  
REDWOOD CITY, CA 94062-2799

LABORATORY DIRECTOR

MARTHA HALES MD

CLIA ID NUMBER

05D0592180

EFFECTIVE DATE

08/25/2011

EXPIRATION DATE

08/24/2013

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

*Judith A. Yost*

Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicare and State Operations



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.

SEQUOIA HOSPITAL LABORATORY  
170 ALAMEDA DE LAS PULCAS  
REDWOOD CITY CA 94062

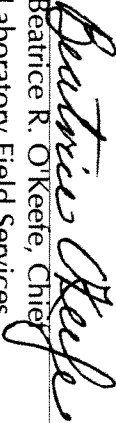
**OWNER(S):**

CATHOLIC HEALTHCARE WEST  
ADRIENNE CROWE  
TESSIE GUILLEMO  
SHEILA BROWNE  
JUDY CANNON  
JARRETT (ET AL) ANDERSON

**DIRECTOR(S):**

MARTHA S HALES MD  
KIM D JEWELL MD  
RHODA A NOALL MD

Lab ID Number: CLE00001312  
Effective Date: January 1, 2011  
Valid Until: December 31, 2011  
CLIA Number: 05D0592180

  
Beatrice R. O'Keefe, Chief  
Laboratory Field Services