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.

NATIONAL MEDICAL SERVICES INC

200 WELSH ROAD,
HORSHAM, PA 19044

STATE ID: CDS-00800001

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

EFFECTIVE DATE: 05/29/2021

EXPIRATION DATE: 05/28/2022

LICENSE TYPE:
CLINICAL LABORATORY LICENSE
CERTIFICATE OF DEEMED STATUS

CLIA ID: 39D0197898

OWNER/S:
RIEDERS, MICHAEL
RIEDERS, ERIC
RIEDERS, MARIAN
MICHAEL F. RIEDERS 2012 GIFT TRUST
ERIC F. RIEDERS 2012 GIFT TRUST
NATIONAL MEDICAL SERVICES

DIRECTOR/S:
MIDDLEBERG, ROBERT, A
BLUM, LEE
ADAMS, WENDY
STRATHMANN, FREDERICK, G

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