





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.

PACIFIC DIAGNOSTIC LABORATORIES - MAIN LAB PACIFIC DIAGNOSTIC LABORATORIES, LLC

454 S PATTERSON AVE, SANTA BARBARA, CA 93111-2404



STATE ID: CDF - 00001280
SCAN QR CODE TO VERIFY LICENSE
OR VISIT: www.cdph.ca.gov/LFS

EFFECTIVE DATE: 03/01/2024 **EXPIRATION DATE: 02/28/2025**

OWNER/S:

COTTAGE HOSPITAL

LICENSE TYPE:

CLINICAL LABORATORY LICENSE CERTIFICATE OF DEEMED STATUS

DIRECTOR/S:

MONICA R PHILLIPS 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)

LABORATORY FIELD SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS

PACIFIC DIAGNOSTIC LABORATORIES, LLC 454 S PATTERSON AVE SANTA BARBARA, CA 93111 O5D0668637

EFFECTIVE DATE

12/04/2023

EXPIRATION DATE

12/03/2025

LABORATORY DIRECTOR

MONICA M PHILLIPS M.D.

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.



Monigul Spruill

Monique Spruill, Director Division of Clinical Laboratory Improvement & Quality Quality & Safety Oversight Group

EFFECTIVE

Center for Clinical Standards and Quality

428 Certs2_110723

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE) EFFECTIVE DATE

BACTERIOLOGY (110)	12/04/2001
MYCOLOGY (120)	04/11/2003
PARASITOLOGY (130)	12/04/2001
VIROLOGY (140)	06/09/2022
SYPHILIS SEROLOGY (210)	12/04/2001
GENERAL IMMUNOLOGY (220)	12/04/2001
ROUTINE CHEMISTRY (310)	12/04/2001
URINALYSIS (320)	12/04/2001
ENDOCRINOLOGY (330)	12/04/2001
TOXICOLOGY (340)	12/04/2001
HEMATOLOGY (400)	12/04/2001
ABO & RH GROUP (510)	05/14/2015
ANTIBODY TRANSFUSION (520)	05/14/2015

LAB CERTIFICATION (CODE)

ANTIBODY NON-TRANSFUSION (530) 05/14/2015
ANTIBODY IDENTIFICATION (540) 06/09/2022
COMPATIBILITY TESTING (550) 05/14/2015
HISTOPATHOLOGY (610) 05/26/2011
CYTOLOGY (630) 05/26/2011



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.