



Dear Laboratory Director:

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

Expiration Date: November 20, 2018

MOLECULAR VISION LABORATORY, INC.  
1920 NE STUCKI AVE. SUITE 150  
HILLSBORO OR 97006

**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. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**

You must submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application 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 (01-17)

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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.

**MOLECULAR VISION LABORATORY, INC.**

**1920 NE STUCKI AVE. SUITE 150**

**HILLSBORO OR 97006**

**OWNER(S):**

MOLECULAR VISION LABORATORY INC.  
WEI ZHOU  
JOHN CHIANG

**DIRECTOR(S):**

JOHN (PEI-WEN) CHIANG PHD

**Lab ID Number: COS 00800782**

**Effective Date: November 21, 2017**

**Valid Until: November 20, 2018**

**CLIA Number: 38D2059762**

*Robert J. Thomas*

Robert J. Thomas, Chief  
Laboratory Field Services