



Dear Laboratory Director:

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

Expiration Date: NOVEMBER 14, 2009

RESEARCH & DIAGNOSTIC LABORATORIES INC  
4402 TERRACE VIEW ROAD  
LOUISVILLE, TN 37777

**Copy**

**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 you 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 OCCURS.** Mail written notification of the above changes 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.

Labclin 11/28/07  
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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.

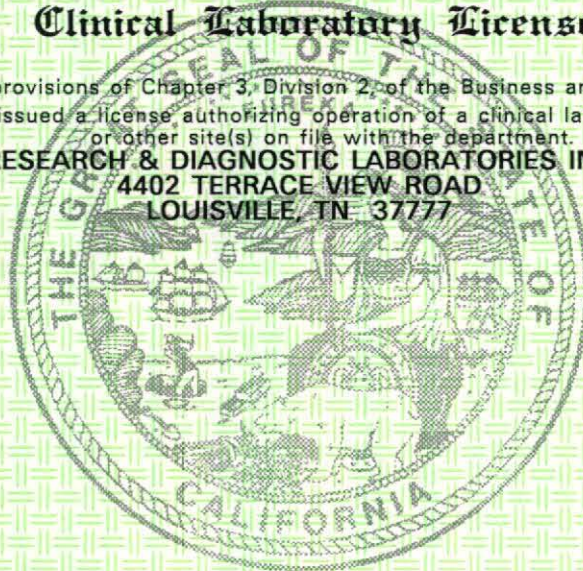
**RESEARCH & DIAGNOSTIC LABORATORIES INC  
4402 TERRACE VIEW ROAD  
LOUISVILLE, TN 37777**

**OWNER(S):**

ERNEST W FUSON  
JANICE E FUSON

**DIRECTOR(S):**

ERNEST W FUSON



CLIA Number: 44D0857624  
Lab ID Number: COS 800211  
Effective Date: NOVEMBER 15, 2008  
Valid Until: NOVEMBER 14, 2009

*Karen L. Nickel*

Karen L. Nickel, Chief  
Laboratory Field Services