CDPH
California Department of Public Health

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.

HISTOCOMPATIBILITY & IMMUNOGENETICS LABORATORY - PORTER

STANFORD BLOOD CENTER HISTOCOMPATIBILITY IMMUNOGENETICS LAB - PORTER

3155 PORTER DR, SUITE 2114-2116
PALO ALTO, CA 94304-1213

STATE ID: CDF-00348233

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

EFFECTIVE DATE: 09/30/2026

EXPIRATION DATE: 09/29/2027

LICENSE TYPE:

CLINICAL LABORATORY LICENSE

CERTIFICATE OF DEEMED STATUS

OWNER/S:

STANFORD HEALTH CARE

DIRECTOR/S:

MARCELLO FERNANDEZ-VINA, PHD
BING ZHANG, MD
MANEESH KUMAR MISRA, PHD

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)*

CHARLET ARCHULETA
ACTING BRANCH CHIEF
LABORATORY FIELD SERVICES