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.

## STANFORD BLOOD CENTER - MOUNTAIN VIEW

515 SOUTH DRIVE, SUITE 20
MOUNTAIN VIEW, CA 94040

**STATE ID: CDR-00320112**
*SCAN QR CODE TO VERIFY LICENSE*
*OR VISIT: www.cdph.ca.gov/LFS*

**EFFECTIVE DATE: 02/26/2026**
**EXPIRATION DATE: 02/25/2027**

**LICENSE TYPE:**
CLINICAL LABORATORY REGISTRATION
CERTIFICATE OF DEEMED STATUS

**OWNER/S:**
STANFORD HEALTH CARE

**DIRECTOR/S:**
THO D PHAM, MD
SUCHITRA PANDEY

**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