CHINESE HOSPITAL
845 JACKSON STREET, SAN FRANCISCO, CA 94133

Lab Report Cover Page
化驗報告封面證明書

To whom it may concern:

This laboratory/health institution, Chinese Hospital, as a laboratory/health institution recognized or approved by California Department of Public Health, United States hereby certifies that the following named person has a negative SARS-CoV-2 nucleic acid test. Details are as follows:

本化驗所/醫療機構 東華醫院 (Chinese Hospital) 為美國加州衛生局所承認或核準的化驗所/醫療機構。茲證明以下人士的嚴重急性呼吸系統綜合症冠狀病毒 2 核酸測試結果為陰性。詳情如下：

California Clinical and Public Health Laboratory License:
State ID: [redacted]; CLIA ID: [redacted]

Name of person tested 接受化驗人士姓名: _____

Passport / ID # 護照 / 身份證號碼: _____

Test conducted 測試名稱: SARS-CoV-2 nucleic acid test 嚴重急性呼吸系統綜合症冠狀病毒 2 核

Result 結果: 陰性 Negative

Signature 簽署: _____

Name of person-in-charge 負責人姓名: [redacted]

Position of person-in-charge 負責人職位: [redacted]

Organization chop 機構印章: CHINESE HOSPITAL
845 JACKSON STREET, SAN FRANCISCO, CA 94133

Sample

CHINESE HOSPITAL

Chinese Hospital
845 Jackson Street
San Francisco, CA 94133-
(415) 982-2400
Medical Director: [redacted]
CLIA# 05D0062669

Patient:	**Last, First Name on Passport**		
MRN:	12345678	Ordering:	n/a
FIN:	1000000001	Receiving:	Test, Staff
DOB/Age/Sex:	12/31/2014 5 years Male	Referring:	
Location:	CH SupportHS	Admitting:	Test, Provider MD
Admit:	11/4/2020	PCP:	No PCP, Physician
Disch:			

COVID-19 Testing

Collected Date	11/4/2020		
Collected Time	13:22 PST		
Procedure		Units	Reference Range
COVID-19 PCR (GeneXpert)	Negative		
Employed in healthcare?	Unknown		
Symptomatic as defined by CDC?	Unknown		
Hospitalized due to COVID-19?	Unknown		
In ICU?	Unknown		
Group care resident?	Unknown		
Pregnancy status?	Unknown		

Sample

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.

CHINESE HOSPITAL LABORATORY

845 JACKSON STREET,
SAN FRANCISCO, CA 94133

STATE ID: [redacted]
SCAN QR CODE TO VERIFY LICENSE OR VISIT: www.cdph.ca.gov/LFS

EFFECTIVE DATE: [redacted]

EXPIRATION DATE: [redacted]

OWNER/S:
CHINESE HOSPITAL ASSOCIATION

LICENSE TYPE:
CLINICAL LABORATORY LICENSE
CERTIFICATE OF DEEMED STATUS

CLIA ID: [redacted]

DIRECTOR/S:
[redacted]

Sample

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 MAY BE REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.
If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new clinical laboratory license.
To make these changes or to submit a new application, visit our website: https://www.cdph.ca.gov/LFS *(Go to Clinical Laboratory Facilities)*

[redacted]
BRANCH CHIEF
LABORATORY FIELD SERVICES

LABCERT 300 (05-2019)

CENTERS FOR MEDICARE & MEDICAID SERVICES

CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
CHINESE HOSPITAL LABORATORY
845 JACKSON ST
SAN FRANCISCO, CA 94133-4851

CLIA ID NUMBER
[redacted]

EFFECTIVE DATE
[redacted]

LABORATORY DIRECTOR
[redacted]

EXPIRATION DATE
[redacted]

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.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

[redacted]
Division of Laboratory Services
Survey and Certification Group
Center for Clinical Standards and Quality

1264 certs2_120418

Sample

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)	~~02/05/2001~~
PARASITOLOGY (130)	~~11/17/2016~~
VIROLOGY (140)	~~03/22/2013~~
SYPHILIS SEROLOGY (210)	~~02/05/2001~~
GENERAL IMMUNOLOGY (220)	~~02/05/2001~~
ROUTINE CHEMISTRY (310)	~~02/05/2001~~
URINALYSIS (320)	~~02/05/2001~~
ENDOCRINOLOGY (330)	~~02/05/2001~~
TOXICOLOGY (340)	~~02/05/2001~~
HEMATOLOGY (400)	~~02/05/2001~~
ABO & RH GROUP (510)	~~02/05/2001~~
ANTIBODY TRANSFUSION (520)	~~02/05/2001~~
ANTIBODY NON-TRANSFUSION (530)	~~03/22/2013~~

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
COMPATIBILITY TESTING (550)	~~02/05/2001~~
HISTOPATHOLOGY (610)	~~02/05/2001~~

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.