

## STATE OF HAWAII DEPARTMENT OF HEALTH Clinical Laboratory License

This is to certify that	DIAGNOSTIC LABORATORY SERVICES-KOHALA HOSP			
located at	54-383 Hospital Road, Kapaau, HI 96755			
having complied with the Laws and	d Regulations of	the State of Hawa	ii, and having satisfied	d the
Department of Health as being qualified, is hereby granted license No.			o. CL-7	790
and is approved for the following o	categories of test	ts:		
Certificate of Registration			/	
Bacteriology, Parasitology, Virology, Routine		DIRECTOR OF HEALTH		
Chemistry, Urinalysis, Endocrinolo	gy,	_		and the second s
Hematology		_	•	
		By Diane Kumashiro		
CLIA # 12D2305342		OFFICE OF HEALTH CARE ASSURANCE		
Name of Lab Director: Tomomi	Yafuso, MD	_		
Date issued/renewed: Ma	y 29, 2024	Valid until	May 28,	20 <u>26</u>