



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
**Class I Clinical Laboratory Permit**

*This is to certify that* DIAGNOSTIC LABORATORY SERVICES, INC - WATERFRONT  
*located at* 500 Ala Moana Blvd, Bldg 6, Suite H, Honolulu, HI 96813  
*having complied with the Laws and Regulations of the State of Hawaii, and having satisfied the*  
*Department of Health as being qualified, is hereby granted permit No.* CP1-553  
*and is approved for the following categories of tests:*

Waived

\_\_\_\_\_  
DIRECTOR OF HEALTH

\_\_\_\_\_  
CLIA # 12D2212105

By *Siane Kumashiro*  
OFFICE OF HEALTH CARE ASSURANCE

\_\_\_\_\_  
*Name of Lab Director:*

Wesley J. Kim, MD

*Date issued/renewed:* 02/02/21 *Valid until* February 1 20 23