



Dear Licensee:

Attached below is your license for the production of Biologics. Your license is void after the expiration date below.

NOTE: Application for renewal of license must be filed with the department not less than 10 days prior to its expiration date and shall be accompanied by the annual renewal fee. Failure to make a timely renewal shall result in expiration of the license.

UCLA WEST VALLEY MEDICAL CENTER 7300 MEDICAL CENTER DRIVE WEST HILLS, CA 91307

**OFFSITE COLLECTION:** 

California Health and Safety Code, Section 1615. Automatic revocation; new license prior to change; proceedings for denial.

(a) A license shall be automatically revoked when there is a change of address, ownership, or person in charge of biologics production. However, a new license may be secured for the new location, owner or person in charge prior to the actual change, provided the contemplated change is in compliance with all the provisions of this chapter, and regulations pertaining thereto.

(b) Proceedings for denial of license shall be conducted in accordance with Chapter 5 (commencing with Section 11500), Part 1, Division 3, Title 2 of the Government Code.

QUESTIONS AND INFORMATION:
If you have any questions, please write to:
 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
 Laboratory Field Services, Biologics
 850 Marina Bay Parkway, Bldg. P-1st Floor
 Richmond, CA 94804

Email: LFSBiologics@cdph.ca.gov



## STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

## LICENSE FOR THE PRODUCTION OF BIOLOGICS

In accordance with Division 2, Chapter 4 of the Health and Safety Code, the entity named below is hereby licensed to engage in the production of human whole blood or blood components at the indicated address and its blood collection centers and/or mobile units.

## UCLA WEST VALLEY MEDICAL CENTER

7300 MEDICAL CENTER DRIVE WEST HILLS, CA 91307

OWNER(S):

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

7165

BLOOD BANK ID NUMBER

March 28, 2025 EXPIRATION DATE

March 29, 2024

ISSUANCE DATE

PRODUCTS

NEONATAL ALIQU<mark>OTS</mark> PLASMA – THAWED (5-DAY) MEDICAL DIRECTOR(S):

NEIL RAWLINSON, MD

Charlet Archuleta
ACTING BRANCH CHIEF