

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

Laboratory Identification Number: 33968

Name and Director of Laboratory:

LABS, INC LABS-NORTHEAST
SARA O DIONNE, PH.D.
401 NORTH 3RD STREET, STE 279
PHILADELPHIA, PA 19123

AUTHORIZED CATEGORIES/TESTS:

EXFOLIATIVE CYTOLOGY

Histocompatibility

IMMUNOHEMATOLOGY

NON-SYPHILIS SEROLOGY

SYPHILIS SEROLOGY

VIROLOGY

Owner:

LABS, INC

ISSUE DATE: August 15, 2017

DATE EXPIRES: August 15, 2018

Karen M. Murphy, PhD, RN

Karen M. Murphy, Ph.D. RN
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY
This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.