

# 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.