

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, 2016

DATE EXPIRES: August 15, 2017

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.