

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: 30181A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**EXFOLIATIVE CYTOLOGY
HEMATOLOGY**

**MOLECULAR MD CORP
CHAD GALDERISI
1341 SW CUSTER DRIVE
PORTLAND, OR 97219**

Owner:

SHERIDAN G SNYDER BIOCATALYST INTL

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.