

# 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:**

EXFOLIATIVE CYTOLOGY  
HEMATOLOGY

**Name and Director of Laboratory:**

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

**Owner:**

SHERIDAN G SNYDER BIOCATALYST INTL

**ISSUE DATE:** August 15, 2018

**DATE EXPIRES:** August 15, 2019

Rachel L. Levine, MD  
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.