

# 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: 29131A

**AUTHORIZED CATEGORIES/TESTS:**

**TISSUE PATHOLOGY**  
Cytogenetics

Name and Director of Laboratory:

**CONNECTIVE TISSUE GENE TESTS  
XINJING WANG, PH.D.  
6575 SNOWDRIFT ROAD, SUITE 106  
ALLENTOWN, PA 18106**

**Owner:**

**HEALTH NETWORK LABORATORIES, L.P.**

**ISSUE DATE: August 15, 2021**

**DATE EXPIRES: August 15, 2022**

**Allison V. Beam**  
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.**