

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:

Name and Director of Laboratory:

TISSUE PATHOLOGY

Cytogenetics

**CONNECTIVE TISSUE GENE TESTS
KERRY K BROWN, PH.D.
6575 SNOWDRIFT ROAD, SUITE 106
ALLENTOWN, PA 18106**

Owner:

HEALTH NETWORK LABORATORIES, L.P.

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

**Denise Johnson MD, FACOG, FACHE
Acting 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.

**CONNECTIVE TISSUE GENE TESTS
KERRY K BROWN, PH.D.
794 ROBLE ROAD
ATTN: QUALITY
ALLENTOWN, PA 18109**