

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: 34786

AUTHORIZED CATEGORIES/TESTS:

EXFOLIATIVE CYTOLOGY

Histocompatibility

Name and Director of Laboratory:

**EUROFINS DONOR & PRODUCT TESTING, INC. LOS
ANGELES-HL
NATHAN A. LEMP, PH.D.
2100 W 3RD STREET SUITE 301
LOS ANGELES, CA 90057**

Owner:

EUROFINS CLINICAL TESTING US HOLDINGS, INC.

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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.

EUROFINS DONOR & PRODUCT TESTING, INC. LOS ANGELES-HL
NATHAN A. LEMP, PH.D.
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