

# 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: 34147

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY

Cytogenetics

DIAGNOSTIC CYTOGENETICS, INC  
INDIRA MEHTA, PH.D.  
1525 13TH AVE  
SEATTLE, WA 98122

Owner:

KAM AU

ISSUE DATE: August 15, 2017

DATE EXPIRES: August 15, 2018

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.