

# 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:**

**TISSUE PATHOLOGY**

Cytogenetics

**Name and Director of Laboratory:**

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

**Owner:**

KAM AU

**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.**