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: 34435

Name and Director of Laboratory:

BLOODWORKS CENTRAL SDL
BARBARA A KONKLE, M.D.
921 TERRY AVENUE
SEATTLE, WA 98104

Owner:

BLOODWORKS NORTHEAST

ISSUE DATE: August 15, 2016

DATE EXPIRES: August 15, 2017

AUTHORIZED CATEGORIES/TESTS:

HEMATOLOGY

Karen M. Murphy, PhD, RN

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.