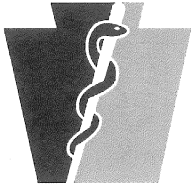


# CLINICAL LABORATORY PERMIT



**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

AUTHORIZED CATEGORIES/TESTS:  
HEMATOLOGY

Name and Director of Laboratory:

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

Owner:

BLOODWORKS NORTHWEST

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.