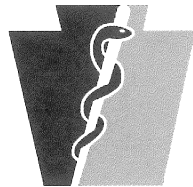


# CLINICAL LABORATORY PERMIT



**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: 34434

AUTHORIZED CATEGORIES/TESTS:  
HEMATOLOGY

Name and Director of Laboratory:

BLOODWORKS EASTLAKE SDL  
BARBARA A KONKLE, M.D.  
1551 EASTLAKE AVENUE EAST  
SEATTLE, WA 98102

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.