

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: 32187

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

HEMATOLOGY
TISSUE PATHOLOGY
Cytogenetics

HEMATOLOGICS, INC.
MICHAEL R LOKEN
3161 ELLIOTT AVENUE SUITE 200
SEATTLE, WA 98121

Owner:

MICHAEL R LOKEN, PH.D.

ISSUE DATE: August 15, 2019

DATE EXPIRES: August 15, 2020

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.