

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:

HEMATOLOGICS, INC.

HEMATOLOGY
TISSUE PATHOLOGY
Cytogenetics

DONGBIN XU, PH.D. 3161 ELLIOTT AVENUE SUITE 200

**SEATTLE, WA 98121** 

Owner:

MICHAEL R LOKEN, PH.D.

**ISSUE DATE: August 15, 2022** 

**DATE EXPIRES: August 15, 2023** 

Defr. 15

Denise Johnson MD, FACOG, FACHE Acting 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.

