

# 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: 027019A



**AUTHORIZED CATEGORIES:**

Name and Director of Laboratory:

TISSUE PATHOLOGY  
CYTOGENETICS

GENPATH/BIOREFERENCE LAB  
SHIPHALI GUPTA, PHD  
25 BIRCH STREET BLDG C 3RD FLOOR  
MILFORD, MA 01757

Owner:

BIOREFERENCE LABORATORIES INC

ISSUE DATE: August 15, 2015

DATE EXPIRES: August 15, 2016

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.