

# 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: 29454A

AUTHORIZED CATEGORIES/TESTS:  
EXFOLIATIVE CYTOLOGY  
TISSUE PATHOLOGY

Name and Director of Laboratory:

BIOREFERENCE LABORATORIES, INC.  
JAMES T SUNDEEN  
22520 GATEWAY CENTER DRIVE  
SUITE 400  
CLARKSBURG, MD 20871-9900

Owner:

BIO-REFERENCE LABS INC

ISSUE DATE: August 15, 2016

DATE EXPIRES: August 15, 2017

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.