

# 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.  
KATHERINE BEREZOWSKI, M.D.  
22520 GATEWAY CENTER DRIVE  
SUITE 400  
CLARKSBURG, MD 20871-9900

Owner:

OPKO HEALTH, INC.

ISSUE DATE: August 15, 2021

DATE EXPIRES: August 15, 2022

Allison V. Beam  
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.

**BIOREFERENCE LABORATORIES, INC.  
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