

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 HEALTH, LLC
KATHERINE BEREZOWSKI, M.D.
201 PERRY PARKWAY, SUITE 5
GAITHERSBURG, MD 20877

Owner:

OPKO HEALTH, INC.

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogen MD

Debra L. Bogen, MD, FAAP
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.