

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: 031271



AUTHORIZED CATEGORIES:

CLINICAL CHEMISTRY
TISSUE PATHOLOGY
CYTOGENETICS

Name and Director of Laboratory:

SIGNATURE GENOMIC LABORATORIES
BETH S TORCHIA, PHD
2820 NORTH ASTOR STREET
SPOKANE, WA 99207

Owner:

PERKIN ELMER INC

Issued: June 3, 2011

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: August 15, 2012

Eli N. Avila, MD, JD, MPH, FCLM
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY