

# 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

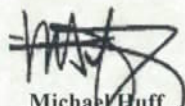
Owner:

**PERKIN ELMER INC**

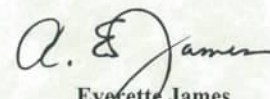
Issued: August 15, 2010

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

DATE EXPIRES: August 15, 2011



Michael Huff  
Deputy Secretary for Health Planning and Assessment



Everette James  
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY