

# 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: 34098**

**Name and Director of Laboratory:**

SEATTLE CHILDREN'S HOSPITAL  
MICHAEL ASTION, M.D.  
4800 SAND POINT WAY NE  
SEATTLE, WA 98105

**Owner:**

SEATTLE CHILDREN'S HOSPITAL

**ISSUE DATE: August 15, 2017**

**DATE EXPIRES: August 15, 2018**

**AUTHORIZED CATEGORIES/TESTS:**

BACTERIOLOGY  
CLINICAL CHEMISTRY  
EXFOLIATIVE CYTOLOGY  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
PARASITOLOGY  
SYPHILIS SEROLOGY  
TISSUE PATHOLOGY  
URINALYSIS  
VIROLOGY

**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.**