

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.