

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:

Name and Director of Laboratory:

EXFOLIATIVE CYTOLOGY
TISSUE PATHOLOGY

**BIOREFERENCE LABORATORIES, INC.
JAMES T SUNDEEN
22520 GATEWAY CENTER DRIVE
SUITE 400
CLARKSBURG, MD 20871-9900**

Owner:

OPKO HEALTH, INC.

ISSUE DATE: August 15, 2017

DATE EXPIRES: August 15, 2018

**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.