

# 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: 31877

AUTHORIZED CATEGORIES/TESTS:  
CLINICAL CHEMISTRY

Name and Director of Laboratory:

INTERPACE DIAGNOSTICS LABS INC.  
SYDNEY D. FINKELSTEIN, M.D.  
2 CHURCH STREET SOUTH SUITE B-05  
NEW HAVEN, CT 06519

Owner:

INTERPACE DIAGNOSTICS

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

Rachel L. Levine, MD  
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.

**INTERPACE DIAGNOSTICS LABS INC.  
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