

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, 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.