

# 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: 30604A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

EXFOLIATIVE CYTOLOGY  
NON-SYPHILIS SEROLOGY

UCLA IMMUNOGENETICS CTR DEPT OF PATH LAB MED  
ELAINE F REED  
1000 VETERAN AVENUE ROOM 1520  
LOS ANGELES, CA 90095-1652

Owner:

REGENTS OF THE UNIV OF CA

ISSUE DATE: August 15, 2016

DATE EXPIRES: August 15, 2017

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.