

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: 32377

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

EXFOLIATIVE CYTOLOGY

Non-Gynecological

**UCLA HEALTH SYSTEM CYTOGENETICS CENTER
LABORATORY
WAYNE W GRODY, M.D.
REHAB BUILDING ROOM 2-226, ATTN: LORI NORAVIAN
1000 VETERAN AVENUE
LOS ANGELES, CA 90024**

Owner:

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

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.

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