

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, 2024

DATE EXPIRES: August 15, 2025

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
Acting 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.

**UCLA IMMUNOGENETICS CTR DEPT OF PATH LAB MED
ELAINE F REED
1000 VETERAN AVENUE ROOM 1520
C/O LINDA DUNN, QUALITY MANAGER
LOS ANGELES, CA 90095-1652**