

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: 033881



AUTHORIZED CATEGORIES:

TISSUE PATHOLOGY

Name and Director of Laboratory:

**DERMATOPATHOLOGY LABORATORY OF CENTRAL STATES
JOHN C. MOAD, MD
7835 PARAGON ROAD
DAYTON, OH 45459**

Owner:

DR THOMAS OLSEN & DR STEPHEN LEVITT

ISSUE DATE: August 15, 2015

DATE EXPIRES: August 15, 2016

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.