


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: 34385

Name and Director of Laboratory:

WASHINGTON U. CLINICAL AND MOLECULAR
CYTOGENETICS
JONATHAN W. HEUSEL, M.D. PH.D.
4320 FOREST PARK AVE SUITE209
SAINT LOUIS, MO 63108

Owner:

JUDY ELLESON, MBA

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

AUTHORIZED CATEGORIES/TESTS:
CLINICAL CHEMISTRY
TISSUE PATHOLOGY
Cytogenetics



Rachel L. Levine, MD
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.