


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: 34459

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

BACTERIOLOGY
TISSUE PATHOLOGY
Cytogenetics
General Histology
VIROLOGY

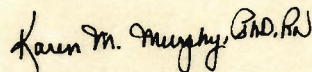
PATH LOGIC
PETER C. KOLBECK, M.D.
950 RIVERSIDE PARKWAY, SUITE 90
WEST SACRAMENTO, CA 95605

Owner:

NEGENOMICS LABORATORIES, INC

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.

PATH LOGIC
PETER C. KOLBECK, M.D.
12701 COMMONWEALTH DRIVE SUITE 9
FORT MYERS, FL 33913



DEPARTMENT OF HEALTH
FLORIDA

STATE OF FLORIDA
DEPARTMENT OF HEALTH
LABORATORY SERVICES