

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: 27845A

Name and Director of Laboratory:

CLINICAL REFERENCE LABORATORY
ROBERT L. STOUT
8433 QUIVIRA ROAD
LENEXA, KS 66215

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
TOXICOLOGY - DRUGS URINE SCREENING

Owner:

CLINICAL REFERENCE LAB CORPORATION

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

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.