

# 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, 2019

DATE EXPIRES: August 15, 2020

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.