

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
JULIE NEIDICH, M.D.
4320 FOREST PARK AVE SUITE209
SAINT LOUIS, MO 63108**

AUTHORIZED CATEGORIES/TESTS:

**CLINICAL CHEMISTRY
TISSUE PATHOLOGY
Cytogenetics
VIROLOGY**

Owner:

ANDWELE JOLLY, DPT, MBA, MHA

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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.

WASHINGTON U. CLINICAL AND MOLECULAR CYTOGENETICS
JULIE NEIDICH, M.D.
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SAINT LOUIS, MO 63110