

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: 32349

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

EXFOLIATIVE CYTOLOGY

Non-Gynecological

**PHENOGEN SCIENCES LABORATORIES
A J MATTHEW EGAN
60-66 HANOVER STREET PO BOX 115
FITZROY, VICTORIA AUSTRALIA 3065
3065**

Owner:

GENETIC TECHNOLOGIES LIMITED

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.



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