

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

Name and Director of Laboratory:

PHENOGEN SCIENCES LABORATORIES
VIVEK RATHI
60-66 HANOVER STREET PO BOX 115
FITZROY, VICTORIA AUSTRALIA 3065
3065

Owner:

GENETIC TECHNOLOGIES LIMITED

ISSUE DATE: August 15, 2019

DATE EXPIRES: August 15, 2020

AUTHORIZED CATEGORIES/TESTS:
EXFOLIATIVE CYTOLOGY
Non-Gynecological

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.