

# 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:** 33979

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

CLINICAL CHEMISTRY

TISSUE PATHOLOGY

Cytogenetics

**IMPACT GENETICS INC  
BRENDA GALLIE  
1100 BENNETT ROAD, UNIT 4  
BOWMANVILLE  
ONTARIO L1C 3K5**

**Owner:**

**FRANCES JEWETT**

**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.**