

# 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**

**Name and Director of Laboratory:**

**IMPACT GENETICS INC  
HILARY RACHER, PH.D.  
1100 BENNETT ROAD, UNIT 4  
BOWMANVILLE  
ONTARIO L1C 3K5**

**AUTHORIZED CATEGORIES/TESTS:**

**CLINICAL CHEMISTRY  
TISSUE PATHOLOGY**  
Cytogenetics

**Owner:**

**DYNACARE-GAMMA LABORATORY PARTNERSHIP**


**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.**



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