

# 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: 29131A**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**TISSUE PATHOLOGY**

Cytogenetics

**HNL GENOMICS  
KERRY K BROWN, PH.D.  
6575 SNOWDRIFT ROAD, SUITE 106  
ALLENTOWN, PA 18106**

**Owner:**

**HEALTH NETWORK LABORATORIES LP, DBA HNL LAB  
MEDICINE**

**ISSUE DATE: August 15, 2024**

**DATE EXPIRES: August 15, 2025**

*Debra L. Bogen MD*

**Debra L. Bogen, MD, FAAP  
Acting 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.**

**HNL GENOMICS  
KERRY K BROWN, PH.D.  
794 ROBLE ROAD  
ATTN: QUALITY  
ALLENTOWN, PA 18109**