

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:

TISSUE PATHOLOGY

Cytogenetics

Name and Director of Laboratory:

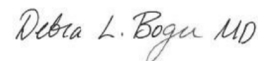
HNL GENOMICS
KERRY K BROWN, PH.D.
6575 SNOWDRIFT ROAD, SUITE 106
ALLENTOWN, PA 18106

Owner:

HEALTH NETWORK LABORATORIES LP, DBA HNL LAB
MEDICINE

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027



Debra L. Bogen, MD, FAAP
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**