

# 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: 30604A**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**EXFOLIATIVE CYTOLOGY  
NON-SYPHILIS SEROLOGY**

**UCLA IMMUNOGENETICS CTR DEPT OF PATH LAB MED  
ELAINE F REED  
1000 VETERAN AVENUE ROOM1520  
LOS ANGELES, CA 90095-1652**

**Owner:**

**REGENTS OF THE UNIV OF CA**

**ISSUE DATE: August 15, 2020**

**DATE EXPIRES: August 15, 2021**

**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.**

**UCLA IMMUNOGENETICS CTR DEPT OF PATH LAB MED  
ELAINE F REED  
1000 VETERAN AVENUE ROOM1520  
C/O LINDA DUNN, QUALITY MANAGER  
LOS ANGELES, CA 90095-1652**