

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: 38401

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY**

**SCIPHER MEDICINE
ZORAN GATALICA, M.D.
4134 SOUTH ALSTON AVE., SUITE 104
DURHAM, NC 27713**

Owner:

SCIPHER MEDICINE CORPORATION

ISSUE DATE: August 15, 2021

DATE EXPIRES: August 15, 2022

**Allison V. Beam
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.

**SCIPHER MEDICINE
ZORAN GATALICA, M.D.
221 CRESCENT STREET, SUITE 103A
WALTHAM, MA 02453**