

# 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, 2022**

**DATE EXPIRES: August 15, 2023**

**Denise Johnson MD, FACOG, FACHE  
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**