

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: 30215A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**EXFOLIATIVE CYTOLOGY
IMMUNOHEMATOLOGY
TISSUE PATHOLOGY**

**SI PARADIGM LLC
SHERIF NASR
25 RIVERSIDE DRIVE, SUITE 201
PINE BROOK, NJ 07058**

Owner:

SHERIF NASR

ISSUE DATE: August 15, 2019

DATE EXPIRES: August 15, 2020

**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.



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