

# 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: 34407

Name and Director of Laboratory:

ALLELE DIAGNOSTICS, INC  
BETH TORCHIA, PH.D.  
120 N. PINE STREET, SUITE 152  
SPOKANE, WA 99202

Owner:

MARCELO MORALES

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

AUTHORIZED CATEGORIES/TESTS:

TISSUE PATHOLOGY

Cytogenetics

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.