

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

AUTHORIZED CATEGORIES/TESTS:

TISSUE PATHOLOGY

Cytogenetics

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, 2024

DATE EXPIRES: August 15, 2025

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
Acting 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.

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