

# 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, 2025**

**DATE EXPIRES: August 15, 2026**

*Debra L. Bogen MD*

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