


**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: 33707

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY  
Cytogenetics

PERSONAL GENOME DIAGNOSTICS, INC  
LUIS A DIAZ, M.D.  
2809 BOSTON ST. SUITE 503  
BALTIMORE, MD 21224

Owner:

LUIS DIAZ

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019



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.