

# 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:** 29942A

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**TISSUE PATHOLOGY**

Cytogenetics

**GENETICS ASSOCIATES INC  
VG DEV  
1916 PATTERSON STREET SUITE 400  
NASHVILLE, TN 37203**

**Owner:**

**VG DEV & JESSE GORE**

**ISSUE DATE: August 15, 2017**

**DATE EXPIRES: August 15, 2018**

**Karen M. Murphy Ph.D. RN  
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.**