

# 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

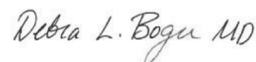
**GENETICS ASSOCIATES, LLC  
SOPHIA D STEWART, PH.D.  
1916 PATTERSON STREET SUITE 400  
NASHVILLE, TN 37203**

**Owner:**

**PROPATH SERVICES, LLC**

**ISSUE DATE:** August 15, 2025

**DATE EXPIRES:** August 15, 2026



**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.**

**GENETICS ASSOCIATES, LLC**  
**SOPHIA D STEWART, PH.D.**  
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**NASHVILLE, TN 37203**