

# 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:** 30909

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**TISSUE PATHOLOGY**  
Cytogenetics

**LABORATORY FOR PERS MOLECULAR MED  
VEENA M. SINGH, M.D.  
10222 BARNES CANYON RD  
SAN DIEGO, CA 92121**

**Owner:**

**JEFFREY E. MILLER**

**ISSUE DATE:** August 15, 2020

**DATE EXPIRES:** August 15, 2021

**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.**