

# 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: 34727**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**CLINICAL CHEMISTRY**

**TISSUE PATHOLOGY**

Cytogenetics

**COLOR GENOMICS, INC  
SCOTT TOPPER, PH.D.  
863A MITTEN ROAD, SUITE 100F  
BURLINGAME, CA 94010**

**Owner:**

**ELAD GIL, OTHMAN LARAKI, TAYLOR SITTLER**

**ISSUE DATE: August 15, 2019**

**DATE EXPIRES: August 15, 2020**

**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.**