

# 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  
VIROLOGY**

**COLOR DIAGNOSTICS, LLC  
RUSSELL L. KERSCHMANN, M.D.  
863 MITTEN ROAD  
BURLINGAME, CA 94010**

**Owner:**

**COLOR INTERMEDIARY, LLC**

**ISSUE DATE: August 15, 2024**


**DATE EXPIRES: August 15, 2025**

*Debra L. Bogen MD*

**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.**



**COLOR DIAGNOSTICS, LLC  
RUSSELL L. KERSCHMANN, M.D.  
831 MITTEN RD., SUITE 100  
BURLINGAME, CA 94010**