

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: 34700

Name and Director of Laboratory:

**JACKSON LABORATORY FOR GENOMIC MEDICINE
MELISSA KELLY, PH.D.
10 DISCOVERY DRIVE
FARMINGTON, CT 06032**

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY

TISSUE PATHOLOGY

Cytogenetics

Histopathology

Owner:

MARK ADAMS

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

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.

**JACKSON LABORATORY FOR GENOMIC MEDICINE
MELISSA KELLY, PH.D.
10 DISCOVERY DRIVE, ATTN CLIA LAB
FARMINGTON, CT 06032**