

# 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:**

**CHARLES LEE, PHD, FACMG**

**ISSUE DATE: August 05, 2023**

**DATE EXPIRES: August 15, 2024**

*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**