

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: 38401

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY**

**SCIPHER MEDICINE
ZORAN GATALICA, M.D.
8 DAVIS DRIVE, SUITE 2A
DURHAM, NC 27709**

Owner:

SCIPHER MEDICINE CORPORATION

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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.

SCIPHER MEDICINE
ZORAN GATALICA, M.D.
221 CRESCENT STREET, SUITE 103A
WALTHAM, MA 02453