

# 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: 33890**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

CLINICAL CHEMISTRY  
NON-SYPHILIS SEROLOGY  
TISSUE PATHOLOGY

LABORATORY FOR PRECISION DIAGNOSTICS  
CHRISTINA M. LOCKWOOD, PH.D.  
UNIVERSITY OF WASHINGTON  
BOX 357655  
SEATTLE, WA 98195

**Owner:**

UNIVERSITY OF WASHINGTON

**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.**

**LABORATORY FOR PRECISION DIAGNOSTICS  
CHRISTINA M. LOCKWOOD, PH.D.  
UNIVERSITY OF WASHINGTON  
BOX 357655  
SEATTLE, WA 98195**