

# 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: 031813



**AUTHORIZED CATEGORIES:**

Name and Director of Laboratory:

CYNOGEN  
ALFRED FU KONG LUI, MD  
25901 COMMERCENTRE DRIVE  
LAKE FOREST, CA 92630

CLINICAL CHEMISTRY  
EXFOLIATIVE CYTOLOGY  
NON-GYNECOLOGICAL  
TISSUE PATHOLOGY

Owner:

ABBOTT MOLECULAR, INC.

ISSUE DATE: August 23, 2014

DATE EXPIRES: August 15, 2015

*Michael Wolf*

Michael Wolf  
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.