

# 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: 34171

Name and Director of Laboratory:

SONIC REFERENCE LABORATORY, INC  
JOSEPH H WILLMAN, M.D.  
9200 WALL STREET, SUITE 200  
AUSTIN, TX 78754

**AUTHORIZED CATEGORIES/TESTS:**

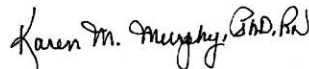
BACTERIOLOGY  
CLINICAL CHEMISTRY  
HEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
TOXICOLOGY - BLOOD LEAD  
VIROLOGY

Owner:

SONIC REFERENCE LABORATORY, INC.

ISSUE DATE: August 15, 2017

DATE EXPIRES: August 15, 2018



Karen M. Murphy Ph.D. RN  
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.