

# 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: 30688A

AUTHORIZED CATEGORIES/TESTS:  
TISSUE PATHOLOGY

Name and Director of Laboratory:


STRATA PATHOLOGY SERVICES  
BEATRIZ TAPIA-CENTOLA  
ONE CRANBERRY HILL  
SUITE 303  
LEXINGTON, MA 02421

Owner:

STRATA PATHOLOGY SERVICES

ISSUE DATE: August 15, 2016

DATE EXPIRES: August 15, 2017

  
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.