



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
*Center for Health Facilities Regulation*

*This is to certify that* **NORTHWEST PATHOLOGY PS DBA NORTHWEST LABORATORY 3614 MERIDIAN STREET SUITE 100 BELLINGHAM WA 98225**

*License Number:* **LCO01381**

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

**APPROVED SPECIALTY (IES)**

**MICROBIOLOGY, Bacteriology, Mycology, Parasitology, Virology, PATHOLOGY, Histopathology, Cytology, CLINICAL GENETICS,**

A handwritten signature in black ink that reads "Jennifer Olsen-Armstrong".

**Jennifer Olsen-Armstrong**  
Chief, Center for Health Facilities Regulation

***Expires: 12/30/2023***

**License Owner: NORTHWEST PATHOLOGY PS**

A handwritten signature in black ink that reads "Nicole Alexander-Scott".

**Nicole Alexander-Scott, MD, MPH**  
*Director of Health*

***Issued: 05/28/2020***