

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: 35654

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

MYCOLOGY
PARASITOLOGY
TISSUE PATHOLOGY
VIROLOGY

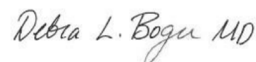
**NORTHWEST PATHOLOGY PS DBA AVERO DIAGNOSTICS
LISA KOCH, PH.D.
3548 MERIDIAN STREET, STE 101
BELLINGHAM, WA 98225**

Owner:

NORTHWEST PATHOLOGY, P.S.

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026



**Debra L. Bogen, MD, FAAP
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.

NORTHWEST PATHOLOGY PS DBA AVERO DIAGNOSTICS
LISA KOCH, PH.D.
3614 MERIDAN ST. STE 100
BELLINGHAM, WA 98225