

# 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:** 28864A

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

CLINICAL CHEMISTRY  
EXFOLIATIVE CYTOLOGY  
HEMATOLOGY  
IMMUNOHEMATOLOGY

VERSITI WISCONSIN, INC.  
MATTHEW ANDERSON  
638 N 18TH STREET  
MILWAUKEE, WI 53233

**Owner:**

**ISSUE DATE:** August 15, 2022

**DATE EXPIRES:** August 15, 2023

**Denise Johnson MD, FACOG, FACHE**  
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.

**VERSITI WISCONSIN, INC.  
MATTHEW ANDERSON  
638 N 18TH STREET  
MILWAUKEE, WI 53233**