

# 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:** 34845

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

CLINICAL CHEMISTRY  
NON-SYPHILIS SEROLOGY

INTRINSICDX  
WILLIAM B. PAXTON, PH.D.  
505 COAST BLVD SOUTH SUITE 408  
LA JOLLA, CA 92037

**Owner:**

INTRINSIC LIFESCIENCES LLC/MARK WESTERMAN

**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.**