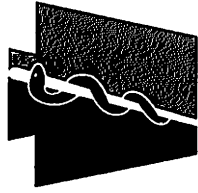


# CLINICAL LABORATORY PERMIT



**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: 000331A



**AUTHORIZED CATEGORIES:**

EXFOLIATIVE CYTOLOGY  
TISSUE PATHOLOGY  
VIROLOGY  
HPV

**Name and Director of Laboratory:**

PENNSYLVANIA CYTOLOGY SERVICES  
ROBERT SWEDARSKY, MD  
339 OLD HAYMAKER ROAD PARKWAY BUILDING SUITE 1700  
MONROEVILLE, PA 15146

**Owner:**

ROBERT H SWEDARSKY MD

**ISSUE DATE:** August 15, 2015

**DATE EXPIRES:** August 15, 2016

*Karen M. Murphy, PhD, RN*

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.