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: 30215A

Name and Director of Laboratory:

SI PARADIGM LLC
SHERIF NASR
25 RIVERSIDE DR
SUITE 2
PINE BROOK, NJ 07058

Owner:

SHERIF NASR

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

EXFOLIATIVE CYTOLOGY
HEMATOLOGY
CBC
Differential Smears
IMMUNOHEMATOLOGY
TISSUE PATHOLOGY

Debra L. Bogen MD

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.

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SHERIF NASR
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