

# 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: 34171**

**Name and Director of Laboratory:**

**SONIC REFERENCE LABORATORY, INC  
JOSEPH H WILLMAN, M.D.  
3800 QUICK HILL ROAD, BUILDING 3, SUITE 101  
AUSTIN, TX 78728**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
HEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
TOXICOLOGY - DRUGS URINE CONFIRMATORY  
VIROLOGY**

**Owner:**

**SONIC REFERENCE LABORATORY, INC.**

**ISSUE DATE: August 15, 2019**

**DATE EXPIRES: August 15, 2020**

**Rachel L. Levine, MD  
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.**