

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: 38004 AUTHORIZED CATEGORIES/TESTS: CLINICAL CHEMISTRY

Name and Director of Laboratory:

IU GENETIC TESTING LABORATORY GAIL H. VANCE, M.D. 975 W WALNUT ST, IB350 INDIANAPOLIS, IN 46202

Owner:

INDIANA UNIVERSITY MEDICAL GENETICS SERVICES, INC.

**ISSUE DATE: August 15, 2022** 

**DATE EXPIRES: August 15, 2023** 

Defr. 15

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.