

# 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: 32366**

**AUTHORIZED CATEGORIES/TESTS:  
CLINICAL CHEMISTRY**

**Name and Director of Laboratory:**

**ILLUMINA  
STEWART W COMER, M.D.  
200 LINCOLN CENTRE DR.  
FOSTER CITY, CA 94404**

**Owner:**

**ILLUMINA, INC.**

**ISSUE DATE: August 15, 2024**

**DATE EXPIRES: August 15, 2025**

*Debra L. Bogen MD*

**Debra L. Bogen, MD, FAAP  
Acting 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.**

**ILLUMINA**  
**STEWART W COMER, M.D.**  
**200 LINCOLN CENTRE DR.**  
**FOSTER CITY, CA 94404**