

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: 34434

AUTHORIZED CATEGORIES/TESTS:

HEMATOLOGY

Name and Director of Laboratory:

**BLOODWORKS EASTLAKE SDL
BARBARA A KONKLE, M.D.
1551 EASTLAKE AVENUE EAST
SEATTLE, WA 98102**

Owner:

BLOODWORKS NORTHWEST

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

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.

**BLOODWORKS EASTLAKE SDL
BARBARA A KONKLE, M.D.
921 TERRY AVENUE
SEATTLE, WA 98104**