

# 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

**AUTHORIZED CATEGORIES/TESTS:**

**EXFOLIATIVE CYTOLOGY**

**HEMATOLOGY**

CBC

Differential Smears

**IMMUNOHEMATOLOGY**

**TISSUE PATHOLOGY**

Name and Director of Laboratory:

SI PARADIGM LLC  
SHERIF NASR  
25 RIVERSIDE DRIVE, SUITE 201  
PINE BROOK, NJ 07058

Owner:

SHERIF NASR

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

A handwritten signature in black ink that reads "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.

**SI PARADIGM LLC  
SHERIF NASR  
25 RIVERSIDE DRIVE, SUITE 201  
PINE BROOK, NJ 07058**