

# 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:** 31973

**Name and Director of Laboratory:**

**TRICORE REFERENCE LABORATORIES  
MICHAEL J CROSSEY, M.D.  
1001 WOODWARD PLACE NE  
ALBUQUERQUE, NM 87108**

**AUTHORIZED CATEGORIES/TESTS:**

**EXFOLIATIVE CYTOLOGY**

Histocompatibility

**TISSUE PATHOLOGY**

Cytogenetics

**Owner:**

**ISSUE DATE:** August 15, 2021

**DATE EXPIRES:** August 15, 2022

**Allison V. Beam**  
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.**

**TRICORE REFERENCE LABORATORIES**  
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**ALBUQUERQUE, NM 87108**