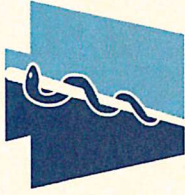


CLINICAL LABORATORY PERMIT



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: 34457

Name and Director of Laboratory:

NATIONAL PRION DISEASE PATHOLOGY
SURVEILLANCE CTR
DANIEL D. RHOADS, M.D.
2085 ADELBERT ROAD
CLEVELAND, OH 44106

Owner:

CASE WESTERN RESERVE UNIVERSITY

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY

Rachel L. Levine, MD
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.