

# 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: 34385

**AUTHORIZED CATEGORIES/TESTS:**

CLINICAL CHEMISTRY

TISSUE PATHOLOGY

Cytogenetics

Name and Director of Laboratory:

WASHINGTON UNIV CLINICAL GENOMICS LAB  
MOLLY C. SCHROEDER, PH.D.  
4320 FOREST PARK AVE SUITE 209  
SAINT LOUIS, MO 63108

Owner:

ERIC SCHNABLE

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

A handwritten signature in cursive script that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP  
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.

**WASHINGTON UNIV CLINICAL GENOMICS LAB**  
**MOLLY C. SCHROEDER, PH.D.**  
**660 S EUCLID AVE CB 8118**  
**SAINT LOUIS, MO 63110**