

# 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:** 35577

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**TISSUE PATHOLOGY**

Histopathology

**PRELUDE DX  
JESS SAVALA, M.D.  
26051 MERIT CIRCLE SUITE 103  
LAGUNA HILLS, CA 92653**

**Owner:**

**PRELUDE CORPORATION**

**ISSUE DATE:** August 15, 2023

**DATE EXPIRES:** August 15, 2024

*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.**

**PRELUDE DX**  
**JESS SAVALA, M.D.**  
**26051 MERIT CIRCLE SUITE 103**  
**LAGUNA HILLS, CA 92653**