

# 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: 33853**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**CLINICAL CHEMISTRY**

**MOLECULAR VISION LABORATORY  
JOHN CHIANG  
1920 NE STUCKI AVE., SUITE 150  
HILLSBORO, OR 97006**

**Owner:**

**CENTRILLION TECHNOLOGIES INC (MAJORITY); JOHN  
CHIANG**

**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.**

**MOLECULAR VISION LABORATORY  
JOHN CHIANG  
BIOMEDICAL RESEARCH BUILDING FL2  
3375 SW TERWILLIGER BLVD  
PORTLAND, OR 97239**