

# 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: 40094**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**CLINICAL CHEMISTRY  
TISSUE PATHOLOGY**

**CASTLE BIOSCIENCES, CB2 LAB  
SHERRI BORMAN, PH.D.  
3707 N 7TH #110  
PHOENIX, AZ 85014**

**Owner:**

**CASTLE BIOSCIENCES, INC**

**ISSUE DATE: August 15, 2023**

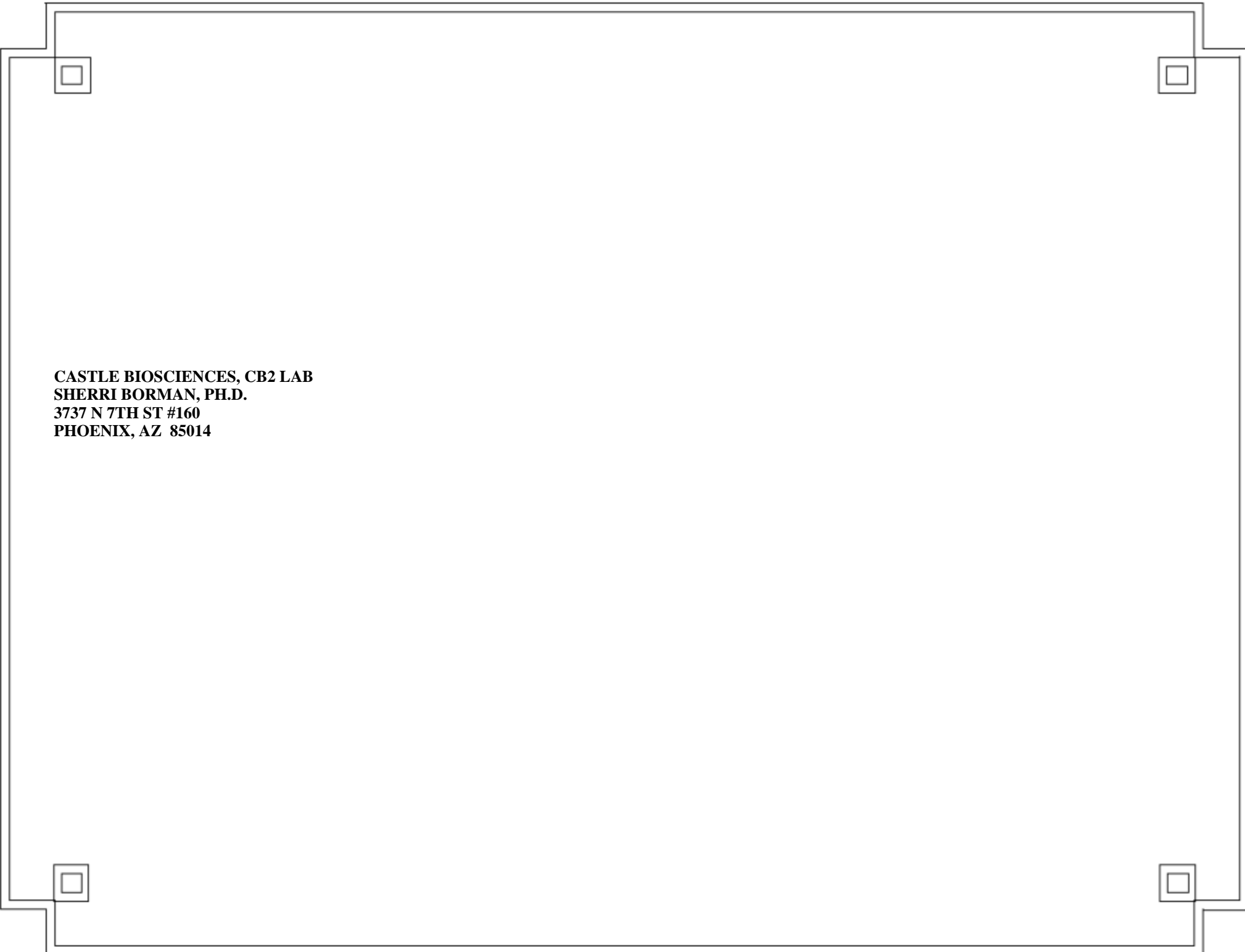
**DATE EXPIRES: August 15, 2024**

*Debra L. Bogen MD*

**Debra L. Bogen, MD, FAAP  
Acting 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.**



**CASTLE BIOSCIENCES, CB2 LAB**  
**SHERRI BORMAN, PH.D.**  
**3737 N 7TH ST #160**  
**PHOENIX, AZ 85014**