

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: 34779

Name and Director of Laboratory:

**BOSTON HEART DIAGNOSTICS CORP
ERNST J SCHAEFFER, M.D.
200 CROSSING BLVD
FRAMINGHAM, MA 01702**

AUTHORIZED CATEGORIES/TESTS:

**CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
VIROLOGY**

Owner:

EUROFINS

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.

BOSTON HEART DIAGNOSTICS CORP
ERNST J SCHAEFFER, M.D.
200 CROSSING BLVD
ATTN: QA DEPT.
FRAMINGHAM, MA 01702