

# 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, 2024**

**DATE EXPIRES: August 15, 2025**

*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.**

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