

# 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: 28127A**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

MYCOLOGY  
NON-SYPHILIS SEROLOGY  
PARASITOLOGY

**MIRAVISTA DIAGNOSTICS, LLC  
DEBORAH E BLUE, M.D.  
4705 DECATUR BLVD.  
INDIANAPOLIS, IN 46241**

**Owner:**

**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.**

**MIRAVISTA DIAGNOSTICS, LLC**  
**DEBORAH E BLUE, M.D.**  
**4705 DECATUR BLVD.**  
**INDIANAPOLIS, IN 46241**