

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

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

Owner:

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

Rachel L. Levine, MD
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.