

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
LAWRENCE J. WHEAT, M.D.
4705 DECATUR BLVD.
INDIANAPOLIS, IN 46241**

Owner:

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.

MIRAVISTA DIAGNOSTICS, LLC
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