

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: 34304

Name and Director of Laboratory:

**AVERO DIAGNOSTICS
DAVID J HULL, M.D.
6221 RIVERSIDE DRIVE SUITE 119
IRVING, TX 75039**

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY
VIROLOGY**

Owner:

MATTISON PATHOLOGY LLP

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

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.

**AVERO DIAGNOSTICS
DAVID J HULL, M.D.
6221 RIVERSIDE DRIVE SUITE 119
IRVING, TX 75039**