

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: 21307A

Name and Director of Laboratory:

**SPECTRA EAST INC
SURESH K. GUPTA, M.D.
8 KING ROAD
ROCKLEIGH, NJ 07647**

Owner:

SPECTRA EAST INC

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
CLINICAL CHEMISTRY
HEMATOLOGY
MYCOLOGY
NON-SYPHILIS SEROLOGY
PARASITOLOGY
SYPHILIS SEROLOGY
URINALYSIS
VIROLOGY**

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.

**SPECTRA EAST INC
SURESH K. GUPTA, M.D.
8 KING ROAD
ROCKLEIGH, NJ 07647**