

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
STYLIANOS LOMVARDIAS, M.D.
8 KING ROAD
ROCKLEIGH, NJ 07647

Owner:

SPECTRA EAST INC

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

AUTHORIZED CATEGORIES/TESTS:

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

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.