

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: 40495

Name and Director of Laboratory:

EUROFINS CELLTX, LLC.
MICHAEL J. BAUER, M.D.
9052 S RITA RD STE 1400
TUCSON, AZ 85747

AUTHORIZED CATEGORIES/TESTS:

IMMUNOHEMATOLOGY
SYPHILIS SEROLOGY
VIROLOGY

Owner:

RONNIE AGA, PRESIDENT

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

Debra L. Bogen MD

Debra L. Bogen, MD, FAAP
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.

EUROFINS CELLTX, LLC.
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