

# 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: 34779

**AUTHORIZED CATEGORIES/TESTS:**

Name and Director of Laboratory:

CLINICAL CHEMISTRY  
HEMATOLOGY  
NON-SYPHILIS SEROLOGY

**BOSTON HEART DIAGNOSTICS CORP  
ERNST SCHAEFER, M.D.  
200 CROSSING BLVD  
FRAMINGHAM, MA 01702**

Owner:

**EUROFINS**

**ISSUE DATE: August 15, 2016**

**DATE EXPIRES: August 15, 2017**

**Karen M. Murphy Ph.D. RN  
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.**