

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: 33780

Name and Director of Laboratory:

**VIROMED LABORATORIES INC.
AJAY GROVER, PH.D.
1447 YORK COURT
BURLINGTON, NC 27215**

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
IMMUNOHEMATOLOGY
NON-SYPHILIS SEROLOGY
PARASITOLOGY
SYPHILIS SEROLOGY
VIROLOGY**

Owner:

VIROMED LABORATORIES INC.

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

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.

**VIROMED LABORATORIES INC.
AJAY GROVER, PH.D.
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BURLINGTON, NC 27215**