

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: 37033

AUTHORIZED CATEGORIES/TESTS:

NON-SYPHILIS SEROLOGY

Name and Director of Laboratory:

CELLULAR TECHNOLOGY LIMITED
DONALD D. ANTHONY, M.D.
20521 CHAGRIN BLVD.
SHAKER HEIGHTS, OH 44122

Owner:

PAUL LEHMANN, MAGDALENA TARY-LEHMANN

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

Denise Johnson MD, FACOG, FACHE
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.

**CELLULAR TECHNOLOGY LIMITED
DONALD D. ANTHONY , M.D.
20521 CHAGRIN BLVD.
SHAKER HEIGHTS, OH 44122**