

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:

Name and Director of Laboratory:

NON-SYPHILIS SEROLOGY

**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, 2023

DATE EXPIRES: August 15, 2024

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.

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