

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: 40313

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

BACTERIOLOGY
MYCOLOGY
PARASITOLOGY
VIROLOGY

**HEALTH TRACKRX OF GEORGIA, LLC
CARRIE WILKS, PH.D.
375 FRANKLIN GATEWAY, SUITE440
MARIETTA, GA 30067**

Owner:

HEALTH TRACKRX INDIANA & CRH MGMT, LLC

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

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.

**HEALTH TRACKRX OF GEORGIA, LLC
CARRIE WILKS, PH.D.
375 FRANKLIN GATEWAY, SUITE 440
MARIETTA, GA 30067**