

# 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: 36298**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**HEMATOLOGY  
TISSUE PATHOLOGY**

**MED FUSION  
BENTON R. MIDDLEMAN, M.D.  
2501 S. STATE HWY. 121, SUITE 1100  
LEWISVILLE, TX 75067**

**Owner:**

**BMIDDLEMAN@MEDFUSIONSVS.COM**

**ISSUE DATE: June 04, 2018**

**DATE EXPIRES: August 15, 2019**

**Rachel L. Levine, MD  
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.**