

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

Name and Director of Laboratory:

MED FUSION, LLC
MICHAEL CHAUMP, M.D.
2501 S. STATE HWY. 121, SUITE 1100
LEWISVILLE, TX 75067

Owner:

QUEST DIAGNOSTICS

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

AUTHORIZED CATEGORIES/TESTS:

HEMATOLOGY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY
VIROLOGY

Debra L. Bogen MD

Debra L. Bogen, MD, FAAP
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.

**MED FUSION, LLC
MICHAEL CHAUMP, M.D.
2501 S. STATE HWY. 121, SUITE 1100
LEWISVILLE, TX 75067**