

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

AUTHORIZED CATEGORIES/TESTS:

HEMATOLOGY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY
VIROLOGY

Owner:

BMIDDLEMAN@MEDFUSIONSVS.COM

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

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.