

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: 40252

Name and Director of Laboratory:

**CAP DIAGNOSTICS LLD DBA PATHNOSTICS
SHANDELLE S. NORFORD, M.D.
59 SKYLINE DR, SUITE 1100
LAKE MARY, FL 32746**

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
MYCOLOGY
PARASITOLOGY
VIROLOGY**

Owner:

PATHNOSTICS HOLDINGS LLC

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

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.