

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: 25875A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

CLINICAL CHEMISTRY HEMATOLOGY

ESOTERIX INC BRIAN F POIRIER, M.D. 8490 UPLAND DRIVE BLDG B

ENGLEWOOD, CO 80112

NON-SYPHILIS SEROLOGY

Owner:

ESOTERIX INC

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogu 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.

