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: 32240

Name and Director of Laboratory:

DOMINION DIAGNOSTICS, LLC
CHARLENE JOHNSON-TUFTS
211 CIRCUIT DRIVE
NORTH KINGSTOWN, RI 02852

Owner:

G3 VISION LABS, INC.

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
CLINICAL CHEMISTRY
TOXICOLOGY - DRUGS URINE CONFIRMATORY
TOXICOLOGY - DRUGS URINE SCREENING

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.

DOMINION DIAGNOSTICS, LLC
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NORTH KINGSTOWN, RI 02852