

# 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: 34830**

**Name and Director of Laboratory:**

**ACUTIS DIAGNOSTICS  
MARJORIE BON HOMME, PH.D.  
400 KARIN LANE  
HICKSVILLE, NY 11801**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
TOXICOLOGY - DRUGS URINE CONFIRMATORY  
TOXICOLOGY - DRUGS URINE SCREENING  
URINALYSIS  
VIROLOGY**

**Owner:**

**ACUTIS DIAGNOSTICS**

**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.**

**ACUTIS DIAGNOSTICS  
MARJORIE BON HOMME, PH.D.  
400 KARIN LANE  
HICKSVILLE, NY 11801**