

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: 41448

Name and Director of Laboratory:

**HEALTH TRACKRX OF LOUISIANA
CARRIE WILKES, PH.D.
706 E LEWIS & CLARK PARKWAY
SUITE 5
CLARKSVILLE, IN 47129**

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
MYCOLOGY
PARASITOLOGY
VIROLOGY**

Owner:

HEALTH TRACKRX INDIANA INC

ISSUE DATE: May 16, 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.

**HEALTH TRACKRX OF LOUISIANA
CARRIE WILKES, PH.D.
1500 INTERSTATE 35W
DENTON, TX 76207**