

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: 36663

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**BACTERIOLOGY
TISSUE PATHOLOGY**

**A2Z DIAGNOSTICS, LLC
HADIA M. ATA, M.D.
6 INDUSTRIAL WAY WEST, SUITE F19
EATONTOWN, NJ 07724**

Owner:

DR. MICHAEL AQUINO

ISSUE DATE: August 15, 2019

DATE EXPIRES: August 15, 2020

**Rachel L. Levine, MD
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.

**A2Z DIAGNOSTICS, LLC
HADIA M. ATA, M.D.
6 INDUSTRIAL WAY WEST, SUITE F19
EATONTOWN , NJ 07724**