

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: 37034

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY

Histopathology

CELLCARTA NAPERVILLE, LLC
DINO U. VALLERA, M.D.
1841 CENTRE POINT CIRCLE, STE 100
NAPERVILLE, IL 60563

Owner:

CELLCARTA NV

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

Debra L. Bogen 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.

**CELLCARTA NAPERVILLE, LLC
DINO U. VALLERA, M.D.
1841 CENTRE POINT CIRCLE
SUITE 100
NAPERVILLE, IL 60563**