# 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**

**Name and Director of Laboratory:**

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

**Owner:**

**CELLCARTA NV**

**ISSUE DATE: August 15, 2026**

**DATE EXPIRES: August 15, 2027**

**AUTHORIZED CATEGORIES/TESTS:**

**TISSUE PATHOLOGY**
Histopathology

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.**

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