

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: 40215

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY

Name and Director of Laboratory:

**ONCOHOST INC
JAMES FULLER, PH.D.
1110 SE CARY PARKWAY, STE 205
CARY, NC 27518**

Owner:

ONCOHOST INC

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.

ONCOHOST INC
JAMES FULLER, PH.D.
1110 SE CARY PARKWAY, STE 205
CARY, NC 27518