

# 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: 40495**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**IMMUNOHEMATOLOGY**

**SYPHILIS SEROLOGY**

**VIROLOGY**

**EUROFINS CELLTX, LLC.**

**MICHAEL J. BAUER, M.D.**

**9052 S RITA RD STE 1400**

**TUCSON, AZ 85747**

**Owner:**

**RONNIE AGA, PRESIDENT**

**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.**

**EUROFINS CELLTX, LLC.  
MICHAEL J. BAUER, M.D.  
9052 S RITA RD STE 1400  
TUCSON, AZ 85747**