

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: 33848 AUTHORIZED CATEGORIES/TESTS: BACTERIOLOGY

Name and Director of Laboratory:

MYCOBACTERIA/NOCARDIA LAB, UTHSCT RICHARD J. WALLACE JR. 11937 U.S. HWY. 271 TYLER, TX 75708

Owner:

STATE OF TEXAS

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

Debra L. Bogu 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.

