

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: 37608

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY

Name and Director of Laboratory:

**METABOLIC SOLUTIONS INC.
WILLIAM E. OTTINER, PH.D.
460 AMHERST STREET
NASHUA, NH 03063**

Owner:

DAVID WAGNER, MARTIN BAKER, PAUL WATKINS

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

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.

METABOLIC SOLUTIONS INC.
WILLIAM E. OTTINER, PH.D.
460 AMHERST STREET
NASHUA, NH 03063