

# 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: 34080

**AUTHORIZED CATEGORIES/TESTS:**

CLINICAL CHEMISTRY  
HEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
TISSUE PATHOLOGY  
VIROLOGY

Name and Director of Laboratory:

S. TEXAS REFERENCE LABS DEPT OF PATHOLOGY  
JOHN D OLSON, PH.D.  
7703 FLOYD CURL DRIVE  
SAN ANTONIO, TX 78229

Owner:

STATE OF TX-UNIV OF TEXAS HEALTH SCIENCE CTR

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

A handwritten signature in black ink, appearing to read "RLL".

Rachel L. Levine, MD  
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.



DEPARTMENT OF HEALTH

Phone: (610) 280-3464

Fax: (610) 450-1932

August 18, 2020

34080  
WIESLAW B FURMAGA, M.D.  
S. TEXAS REFERENCE LABS DEPT OF PATHOLOGY  
7703 FLOYD CURL DRIVE  
SAN ANTONIO, TX 78229

Dear Dr. Furmaga:

Your request to make changes to your facility has been received in this office.

The following change(s) has been made to your CLIA Certification and/or Clinical Laboratory Permit:

- Addition/Correction of federal Tax ID number/Owner
- Facility name change
- Facility address change/correction
- Change of Director
- Facility Closed
- Other

Remember, you will receive an updated Clinical Laboratory Permit closer to expiration. Also, the Centers for Medicare and Medicaid Services (CMS/CLIA) DOES NOT re-issue certificates due to address, name, and director changes, lost or misplaced certificates. Any changes made will reflect on your next two-year certificate.

We encourage your laboratory to maintain compliance with all CLIA and State regulations. The director shall be responsible for the proper performance of all tests in the laboratory and the continuous application of quality control procedures to the work in accordance with recommendations and directives of the Department (Title 28 Chapter 5).

If we can be of any further assistance to you in the future, do not hesitate to contact us.

Sincerely,

A handwritten signature in purple ink, appearing to read 'Pamela Groff'.

Pamela Groff, Administrative Assistant  
Division of Laboratory Improvement  
(484) 870-6425  
pgroff@pa.gov