

# 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: 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, 2024**

**DATE EXPIRES: August 15, 2025**

*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.**

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