

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: 33096

Name and Director of Laboratory:

**INFORM DIAGNOSTICS, INC
SCOTT M. ACKER, M.D.
DBA BAKO PATHOLOGY SERVICES
6240 SHILOH ROAD
ALPHARETTA, GA 30005**

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
MYCOLOGY
TISSUE PATHOLOGY
VIROLOGY**

Owner:

INFORM DIAGNOSTICS, INC

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

Debra L. Bogen 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.

**INFORM DIAGNOSTICS, INC
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