

# 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: 40264

**AUTHORIZED CATEGORIES/TESTS:**

BACTERIOLOGY

MYCOLOGY

Name and Director of Laboratory:

DELTA LABORATORIES LLC  
JOSEPH L. SAILORS, M.D.  
7000 PRESTON RD., STE 1500  
PLANO , TX 75024

Owner:

MDXHEALTH INC.

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

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.

**DELTA LABORATORIES LLC**  
**JOSEPH L. SAILORS, M.D.**  
**7000 PRESTON RD., STE 1500**  
**PLANO , TX 75024**