

# 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:**

**Name and Director of Laboratory:**

**BACTERIOLOGY  
MYCOLOGY**

**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*

**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**