DEPARTMENT OF HEALTH and HUMAN SERVICES



| THIS IS TO CERTIFY THAT | Affiliated Laboratory, Inc. | | | is hereby |
|--|---|-----------------|----------------------------|-----------------------------------|
| Licensed to maintain and operate a | Medical Laboratory | | | |
| to be known as | Affiliated Laboratory, Inc d.b.a. Northern Light Laboratory | | | |
| located at 417 State Street Suite 240 with the laboratory to provide testing in the following the state of the state | in lowing specialties: | Ban | gor | , Maine |
| Microbiology (Bacteriology, Mycology, Parasitol Immunology (Syphilis Serology, General Immuno Chemistry (Routine, Urinalysis, Toxicology, Endo Hematology (Routine, Coagulation) Immunohematology (ABO/ Rh, Antibody detection | ology) ocrinology) | oility Testing. | Rh Titers) | |
| Name of DirectorOrin Bueter | ns. MD | | | |
| This license is issued under auth subject to compliance with the provisions of the | • | | | , and remains in effect effective |
| from May 6 th , 2022 | | to | May 5 th , 2025 | |
| | | Issued | May 3 rd , 2022 | |
| | | | Jeanne M. Lambra | u |

MEDLC006

License No:

Jeanne M. Lambrew, Commissioner.