

DEPARTMENT OF HEALTH and HUMAN SERVICES



STATE OF MAINE

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 _____ 1250 Forest Avenue, Suite 101 _____ in _____ Portland _____, Maine

with the laboratory to provide testing in the following specialties:

Chemistry (Routine, Clinical Microscopy,
Hematology (including Coagulation)

Name of Director _____ Marek Skacel, M.D. _____

This license is issued under authority of 22 M.R.S.A., Section _____ §2011 et seq. _____, and remains in effect
subject to compliance with the provisions of the said Title and the regulations of the Department adopted thereunder, effective

from _____ May 6th, 2022 _____ to _____ May 5th, 2025 _____

Issued _____ May 3rd, 2022 _____

Jeanne M. Lambrew, Commissioner.

License No: **MEDLC008**