

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: 28519A AUTHORIZED CATEGORIES/TESTS: NON-SYPHILIS SEROLOGY

Name and Director of Laboratory:

K STATE RABIES LABORATORY BRETT M SRAMEK, M.D. MANHATTAN/K STATE INNOVATIONS CENTER 2005 RESEARCH PARK CIRCLE MANHATTAN, KS 66502

Owner:

STATE OF KANSAS BOARD OF REGENTS

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogu 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.

