

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS

**CERTIFICATE OF ACCREDITATION**

**LABORATORY NAME AND ADDRESS**

NEUROMUSCULAR CLINICAL LAB  
509 S EUCLID AVE  
SAINT LOUIS, MO 63110

**CLIA ID NUMBER**

26D0652044

**EFFECTIVE DATE**

08/25/2025

**EXPIRATION DATE**

08/24/2027

**LABORATORY DIRECTOR**

DR. ALAN PESTRONK

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



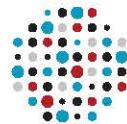
A handwritten signature in blue ink, appearing to read 'G. Brandush'.

Gregg Brandush, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
DIAGNOSTIC IMMUNOLOGY - GENERAL IMMUNOLOGY (220)	12/02/2009		
CHEMISTRY - ROUTINE CHEMISTRY (310)	04/15/2013		
PATHOLOGY - HISTOPATHOLOGY (610)	11/18/1997		

**PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.  
FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA).**



COLLEGE of AMERICAN  
PATHOLOGISTS

## CERTIFICATE OF ACCREDITATION

**Washington University  
Neuromuscular Clinical Lab  
Saint Louis, Missouri  
Alan Pestronk, MD**

CAP#: 1923316

CLIA#: 26D0652044

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to **October 02, 2027** to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Kathleen G. Beavis, MD  
Chair, Accreditation Committee

Qihui "Jim" Zhai, MD, FCAP  
President, College of American Pathologists



# New York State Department of Health

PFI: 3499

## Clinical Laboratory Permit

CLIA: 26D0652044

### Neuromuscular Clinical Laboratory

509 S Euclid Ave Box 8111

St Louis MO 63110

Director:

Alan Pestronk, M.D.

Owner:

Washington University School of Medicine

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

*Diagnostic Immunology*

*Diagnostic Services Serology*

Renewal

Effective Date: July 1, 2025

Expiration Date: June 30, 2026

Subject to Revocation  
Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 202024

New York State Department of Health  
Certificate of Qualification

CQ Code: PESTA1

Alan Pestronk, M.D.

6 Forest Ridge Place  
St. Louis MO 63105

has qualified to act as a Laboratory Director in the following categories  
in accordance with Article 5, Title V, Section 573 of the Public Health Law.

*Clinical Chemistry*  
(limited to neuromuscular  
biomarkers)  
*Diagnostic Immunology*

Amended

Effective Date: February 4, 2025

Expiration Date: December 10, 2026

Subject to Revocation  
Certificate Not Transferable



# CLINICAL AND PUBLIC HEALTH LABORATORY LICENSE



In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address.

## NEUROMUSCULAR CLINICAL LABORATORY

509 S EUCLID AVE,  
ST. LOUIS, MO 63110



**STATE ID: CDS-00800679**

SCAN QR CODE TO VERIFY LICENSE  
OR VISIT: [www.cdph.ca.gov/LFS](http://www.cdph.ca.gov/LFS)

**EFFECTIVE DATE:** 03/07/2025

**EXPIRATION DATE:** 03/06/2026

**LICENSE TYPE:**

CLINICAL LABORATORY LICENSE  
CERTIFICATE OF DEEMED STATUS

**OWNER/S:**

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

**DIRECTOR/S:**

ALAN PESTRONK MD

**DISPLAY:** State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

**CHANGE OF LABORATORY NAME, DIRECTOR, OWNER AND/OR ADDRESS:**

State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors.

If this office is not notified, your license may be revoked 30 days after major Owner and/or Director change.

If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new laboratory license.

To make these changes or to submit a new application, visit our website: <https://www.cdph.ca.gov/LFS> (Go to Laboratory Facilities)

*Robert J. Thomas*  
ROBERT J. THOMAS  
BRANCH CHIEF  
LABORATORY FIELD SERVICES

# 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: 37448

**AUTHORIZED CATEGORIES/TESTS:**

CLINICAL CHEMISTRY  
NON-SYPHILIS SEROLOGY  
TISSUE PATHOLOGY

Histopathology

Name and Director of Laboratory:

NEUROMUSCULAR CLINICAL LABORATORY  
ALAN PESTRONK, M.D.  
509 S EUCLID AVE  
SAINT LOUIS, MO 63110

Owner:

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

*Debra L. Bogen MD*

Debra L. Bogen, MD, FAAP  
Acting 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.

**NEUROMUSCULAR CLINICAL LABORATORY**  
**ALAN PESTRONK, M.D.**  
**660 S EUCLID AVE., BOX 8111**  
**SAINT LOUIS, MO 63110**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE**

Centers for Disease Control and Prevention  
Division of Regulatory Science and Compliance  
1600 Clifton Road NE, Mailstop H21-7  
Atlanta, GA 30329  
Telephone: 404-718-2077; 404-488-7100 (after hours) Email: importpermit@cdc.gov



**Permit to Import Infectious Biological Agents, Infectious Substances, and Vectors**

In accordance with 42 CFR Section 71.54 of the Public Health Service Foreign Quarantine Regulators, cited on the bottom of this permit, permission is granted the permittee to import into any port under control of the United States, or to receive by transfer within the United States, the material described in Item 1 below.

PHS PERMIT NO. : 20260107-0043A

ISSUED DATE: 01/09/2026

EXPIRATION DATE: 01/09/2027

**1. DESCRIPTION OF MATERIAL**

BLOOD/BLOOD PRODUCTS FROM HUMANS THAT MAY CONTAIN: HEPATITIS A VIRUS; HEPATITIS B VIRUS; LENTIVIRUS (HUMAN IMMUNODEFICIENCY VIRUS 1, 2)

**2. PERMITTEE**

(NAME, ORGANIZATION, ADDRESS AND CONTACT INFORMATION)

ROBYN REESE (314) 362-2406

AUTHORIZED USER: TINA CHISHOLM (314) 362-1639  
AUTHORIZED USER: BECKY PLANT (314) 273-2621

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE  
509 SOUTH EUCLID AVE  
ST. LOUIS MO 63111

**3. SOURCE OF MATERIAL**

(NAME, ORGANIZATION, ADDRESS, COUNTRY)

RITA MARTINS OLOFSSON (467) 304-53041  
WIESLAB AB, A SVAR LIFE SCIENCE COMPANY  
LUNDAVAGEN 151  
MALMO 212 24 SWEDEN

PUVANESWARY KANDIBAN (656) 772-4912  
NATIONAL UNIVERSITY HOSPITAL  
5 LOWER KENT RIDGE ROAD MB LEVEL 3  
KENT RIDGE 119074 SINGAPORE

STEVEN BAKER (905) 521-2100  
HAMILTON HEALTH  
1200 MAIN STREET  
HAMILTON ONTARIO L8N 325 CANADA

ANN ARSENEAU (403) 770-3285  
ALBERTA PRECISION  
9-3535 RESEARCH  
CALGARY AB T2L 2K8 CANADA

RANDY CARABEO (204) 787-4395  
HEALTH SCIENCE CENTRE  
820 SHERBROOK ST  
WINNEPEG MB R3A 1R9 CANADA

**4. TYPE OF PERMIT AND INSTRUCTIONS FOR USE**

SINGLE IMPORTATION

A. RECORD OF EACH IMPORTATION SHALL BE MAINTAINED ON PERMANENT FILE BY PERMITTEE.

B. USDA/APHIS MAY REQUIRE ADDITIONAL PERMITS FOR MATERIALS FROM ANIMALS, MATERIALS EXPOSED TO ANIMAL PRODUCTS/BYPRODUCTS, AND AGENTS THAT ARE INFECTIOUS TO ANIMALS OR PLANTS. U.S. FISH AND WILDLIFE SERVICE MAY REQUIRE ADDITIONAL PERMITS FOR MATERIALS FROM ENDANGERED ANIMALS.

**5. CONDITIONS OF ISSUANCE ITEMS APPLICABLE WHEN CHECKED**

PACKAGING MUST CONFORM TO 49 CFR SECTIONS 171-180.

WORK WITH THE AGENT(S) DESCRIBED SHALL BE RESTRICTED TO AREAS AND CONDITIONS MEETING REQUIREMENTS IN THE CDC/ NIH PUBLICATION "BIOSAFETY IN MICROBIOLOGICAL AND BIOMEDICAL LABORATORIES".

AS THE PERMITTEE, YOUR FACILITY WILL BE SUBJECT TO INSPECTION AT SOME TIME IN THE FUTURE TO CONFIRM THAT THE IMPORTERS BIOSAFETY MEASURES ARE COMMENSURATE WITH THE HAZARD POSED BY THE ITEMS TO BE IMPORTED AND THE LEVEL OF RISK GIVEN ITS INTENDED USE.

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE**

Centers for Disease Control and Prevention  
Division of Regulatory Science and Compliance  
1600 Clifton Road NE, Mailstop H21-7  
Atlanta, GA 30329  
Telephone: 404-718-2077; 404-488-7100 (after hours) Email: importpermit@cdc.gov



**Permit to Import Infectious Biological Agents, Infectious Substances, and Vectors**

In accordance with 42 CFR Section 71.54 of the Public Health Service Foreign Quarantine Regulators, cited on the bottom of this permit, permission is granted the permittee to import into any port under control of the United States, or to receive by transfer within the United States, the material described in Item 1 below.

THE CONDITIONS FOR IMPORTATION AND CONTINUED POSSESSION LISTED ON THE  
CDC PERMIT REMAIN IN EFFECT UNTIL THE IMPORTER IS NO LONGER IN  
POSSESSION OF THE IMPORTED MATERIAL.

ALL MATERIAL IS FOR LABORATORY USE ONLY - NOT FOR USE IN THE PRODUCTION  
OF BIOLOGICS FOR HUMANS OR ANIMALS.

**6. SIGNATURE OF ISSUING OFFICER**

A handwritten signature in black ink, appearing to read "Shelley Jorgensen", is placed here.

SHELLEY JORGENSEN  
DIRECTOR, DIVISION OF REGULATORY SCIENCE AND COMPLIANCE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES