

**Company Name**

MusB Diagnostics

**City**

New Port Richey

**State**

FL

**Contact Name (First and Last)**

Dr. Shalini Jainvvv

**Email**

[info@musbdiagnostics.com](mailto:info@musbdiagnostics.com)

**Phone**

(813) 419-0781

**Website**

[www.musbdiagnostics.com](http://www.musbdiagnostics.com)

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

No

**General Description of Services**

- Healthcare or Medical Research Experimentation Services