

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: 34922

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**EXFOLIATIVE CYTOLOGY
TISSUE PATHOLOGY**

**AMERIPATH NEW YORK, LLC
ELAINE ALT
1 INSIGHTS DRIVE, SUITE A
CLIFTON, NJ 07012**

Owner:

AMERIPATH NEW YORK

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

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.

**AMERIPATH NEW YORK, LLC
ELAINE ALT
1 INSIGHTS DRIVE, SUITE A
CLIFTON, NJ 07012**