

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: 34562

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

EXFOLIATIVE CYTOLOGY

Non-Gynecological

TISSUE PATHOLOGY

General Histology

Oral Pathology

AMERIPATH CLEVELAND
KATHERINE WATTS, M.D.
7730 FIRST PLACE SUITE A
OAKWOOD VILLAGE, OH 44146

Owner:

QUEST DIAGNOSTICS

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

Rachel L. Levine, MD
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.