

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: 31515

Name and Director of Laboratory:

**AMERIPATH NORTHEAST
KAMRAAN Z GILL, M.D.
ONE GREENWICH PLACE
SHELTON, CT 06484**

AUTHORIZED CATEGORIES/TESTS:

**CLINICAL CHEMISTRY
HEMATOLOGY
TISSUE PATHOLOGY**
Cytogenetics

Owner:

QUEST DIAGNOSTIC

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

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 NORTHEAST
KAMRAAN Z GILL, M.D.
ONE GREENWICH PLACE
SHELTON, CT 06484**