

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: 26248A

AUTHORIZED CATEGORIES/TESTS:

TISSUE PATHOLOGY

Name and Director of Laboratory:

**AMERIPATH NEW YORK LLC DBA DERMPATH
DIAGNOSTICS
JASON A. COHEN, M.D.
1133 WESTCHESTER AVE, SUITE 331
WHITE PLAINS, NY 10604**

Owner:

AMERIPATH INC

ISSUE DATE: March 05, 2026

DATE EXPIRES: August 15, 2027

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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 DBA DERMPATH DIAGNOSTICS
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