

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: 00299A

Name and Director of Laboratory:

**WS GOOD SAMARITAN HOSP LAB SVCS
JACKIE N SEES
252 S. 4TH ST.
LEBANON, PA 17042**

Owner:

GOOD SAMARITAN HOSPITAL

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
CLINICAL CHEMISTRY
EXFOLIATIVE CYTOLOGY
HEMATOLOGY
IMMUNOHEMATOLOGY
MYCOLOGY
NON-SYPHILIS SEROLOGY
PARASITOLOGY
TISSUE PATHOLOGY
TOXICOLOGY - ALCOHOL SERUM / PLASMA
TOXICOLOGY - DRUGS URINE SCREENING
URINALYSIS
VIROLOGY**

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.

**WS GOOD SAMARITAN HOSP LAB SVCS
JACKIE N SEES
4TH & WALNUT STS PO BOX 1281
LEBANON, PA 17042-1218**