

# 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: 00164A**

**Name and Director of Laboratory:**

**EPHRATA COMMUNITY HOSPITAL  
JULIE A. HORST, M.D.  
169 MARTIN AVE PO BOX 1002  
EPHRATA, PA 17522**

**Owner:**

**EPHRATA COMMUNITY HOSPITAL**

**ISSUE DATE: August 15, 2023**

**DATE EXPIRES: August 15, 2024**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
EXFOLIATIVE CYTOLOGY  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
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.**

**EPHRATA COMMUNITY HOSPITAL  
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EPHRATA, PA 17522**