

# 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: 40223**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**BACTERIOLOGY  
MYCOLOGY  
PARASITOLOGY  
VIROLOGY**

**WELLSPAN SYSTEM LABORATORY  
MATTHEW F. GEORGY, M.D.  
25 MONUMENT DR., SUITE 260  
YORK, PA 17403**

**Owner:**

**WELLSPAN YORK HOSPITAL**

**ISSUE DATE: August 15, 2023**


**DATE EXPIRES: August 15, 2024**

*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.**



**WELLSPAN SYSTEM LABORATORY  
MATTHEW F. GEORGY, M.D.  
25 MONUMENT DR., SUITE 260  
YORK, PA 17403**