

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: 00138A

Name and Director of Laboratory:

**GEISINGER LEWISTOWN HOSPITAL LABORATORY
WELLS M. CHANDLER, M.D.
LABORATORY ADMINISTRATION (MAILCODE 46-41)
400 HIGHLAND AVE EXT
LEWISTOWN, PA 17044**

Owner:

LEWISTOWN HEALTH CARE FOUNDATION

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
CLINICAL CHEMISTRY
EXFOLIATIVE CYTOLOGY
HEMATOLOGY
IMMUNOHEMATOLOGY
NON-SYPHILIS SEROLOGY
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.

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