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, 2025

DATE EXPIRES: August 15, 2026

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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