


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: 00185A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

BACTERIOLOGY
CLINICAL CHEMISTRY
HEMATOLOGY
IMMUNOHEMATOLOGY
Transfusion Service
NON-SYPHILIS SEROLOGY
PARASITOLOGY

GEISINGER-SHAMOKIN AREA COMMUNITY HOSPITAL
JORDAN OLSON, M.D.
4200 HOSPITAL ROAD
COAL TOWNSHIP, PA 17866-9697

Wet Mounts
SYPHILIS SEROLOGY
TISSUE PATHOLOGY

Owner:

Frozen Sections
TOXICOLOGY - ALCOHOL SERUM / PLASMA
TOXICOLOGY - DRUGS URINE SCREENING
URINALYSIS
VIROLOGY

GEISINGER MEDICAL CENTER

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019



Rachel L. Levine, MD
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.