

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: 33984

Name and Director of Laboratory:

**DIAGNOSTIC IMMUNOLOGY LAB/CINCINNATI
STEPHANIE N KINNEY, M.D.
CHILDREN'S HOSPITAL
3333 BURNET AVENUE
CINCINNATI, OH 45229**

Owner:

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CTR

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
CLINICAL CHEMISTRY
HEMATOLOGY
MYCOLOGY
NON-SYPHILIS SEROLOGY
PARASITOLOGY
RADIOISOTOPE TECHNICS
SYPHILIS SEROLOGY
TISSUE PATHOLOGY
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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