

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: 00168A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**EXFOLIATIVE CYTOLOGY
TISSUE PATHOLOGY**

**UPMC PRESBYTERIAN SHADYSIDE
RAJIV DHIR, M.D.
200 LOTHROP ST
ROOM A608 ANATOMIC PATHOLOGY
PITTSBURGH, PA 15213-2582**

Owner:

UPMC PRESBYTERIAN SHADYSIDE

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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.

**UPMC PRESBYTERIAN SHADYSIDE
RAJIV DHIR, M.D.
UPMC CLINICAL LABORATORY BLDG
3477 EULER WAY
PITTSBURGH, PA 15213-2582**