

# 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, 2022**

**DATE EXPIRES: August 15, 2023**

**Denise Johnson MD, FACOG, FACHE  
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**