# 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: 00155A**

**Name and Director of Laboratory:**

**UPMC HARRISBURG**
**JACOB H GILDEA, M.D.**
**100 SOUTH 2ND STREET**
**HARRISBURG, PA 17101**

**Owner:**

**UPMC PINNACLE**

**ISSUE DATE: August 15, 2026**

**DATE EXPIRES: August 15, 2027**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY**
**CLINICAL CHEMISTRY**
**EXFOLIATIVE CYTOLOGY**
**HEMATOLOGY**
Hematology Test 1
**IMMUNOHEMATOLOGY**
**MYCOLOGY**
**NON-SYPHILIS SEROLOGY**
**PARASITOLOGY**
**SYPHILIS SEROLOGY**
**TISSUE PATHOLOGY**
**TOXICOLOGY - ALCOHOL SERUM / PLASMA**
**TOXICOLOGY - DRUGS URINE SCREENING**
**URINALYSIS**
**VIROLOGY**

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 HARRISBURG**
**JACOB H GILDEA, M.D.**
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**HARRISBURG, PA  17101**