# 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: 34207**

**Name and Director of Laboratory:**

**UPMC CHAUTAUQUA**
**WILLIAM A GEARY, M.D.**
**207 FOOTE AVE**
**JAMESTOWN, NY 14702**

**Owner:**

**UPMC CHAUTAUQUA**

**ISSUE DATE: August 15, 2026**

**DATE EXPIRES: August 15, 2027**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY**
**CLINICAL CHEMISTRY**
**EXFOLIATIVE CYTOLOGY**
**HEMATOLOGY**
**IMMUNOHEMATOLOGY**
**MYCOLOGY**
**NON-SYPHILIS SEROLOGY**
**PARASITOLOGY**
**SYPHILIS SEROLOGY**
**TISSUE PATHOLOGY**
**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 CHAUTAUQUA**
**WILLIAM A GEARY, M.D.**
**207 FOOTE AVE**
**JAMESTOWN, NY  14702**