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: 00057A

Name and Director of Laboratory:

UPMC HORIZON SHENANGO
KOMAL ARORA, M.D.
2200 MEMORIAL DRIVE
FARRELL, PA 16121

Owner:

UPMC HORIZON

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
- Gram Stain
- Throat Screen [CLIA Waived]

CLINICAL CHEMISTRY
EXFOLIATIVE CYTOLOGY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
- Infectious Mononucleosis [CLIA Waived]

TISSUE PATHOLOGY
- Frozen Sections

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.

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