

# 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: 41301**

**AUTHORIZED CATEGORIES/TESTS:**

**TISSUE PATHOLOGY**

**Name and Director of Laboratory:**

**OSUWMC ACKERMAN ANATOMIC PATHOLOGY LABS  
ASHWINI K. ESNAKULA, M.D.  
680 ACKERMAN RD  
COLUMBUS, OH 43202**

**Owner:**

**THE OHIO STATE UNIVERSITY**

**ISSUE DATE: February 03, 2025**

**DATE EXPIRES: August 15, 2025**

*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.**

**OSUWMC ACKERMAN ANATOMIC PATHOLOGY LABS**  
**ASHWINI K. ESNAKULA, M.D.**  
**308 DOAN HALL**  
**410 W 10TH AVE**  
**COLUMBUS , OH 43210**