

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: 41300

AUTHORIZED CATEGORIES/TESTS:

TISSUE PATHOLOGY

Name and Director of Laboratory:

**OWUWMC CINICAL LABORATORY
JOANNA D. JONES, M.D.
410 W 10TH AVE.
DOAN HALL ROOM 310
COLUMBUS, OH 43210**

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.

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