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
ADRIAN A SUAREZ, M.D.
410 W 10TH AVE.
DOAN HALL ROOM 310
COLUMBUS, OH 43210

Owner:

THE OHIO STATE UNIVERSITY

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

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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