

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: 40644

Name and Director of Laboratory:

NY PRESBYTERIAN HOSP CUIMC ELDAD A. HOD, M.D. 622 WEST 168TH STREET PH3-303 NEW YORK, NY 10032

Owner:

**NEW YORK PRESBYTERIAN** 

**ISSUE DATE: October 14, 2023** 

DATE EXPIRES: August 15, 2024

**AUTHORIZED CATEGORIES/TESTS:** 

BACTERIOLOGY CLINICAL CHEMISTRY HEMATOLOGY IMMUNOHEMATOLOGY

Debra L. Bogu MO

Debra L. Bogen, MD, FAAP Acting 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.