

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: 40644

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

BACTERIOLOGY
CLINICAL CHEMISTRY
HEMATOLOGY
IMMUNOHEMATOLOGY

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: March 05, 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.