

# 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**

**Name and Director of Laboratory:**

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

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
HEMATOLOGY  
IMMUNOHEMATOLOGY**

**Owner:**

**NEW YORK PRESBYTERIAN**

**ISSUE DATE: August 15, 2024**

**DATE EXPIRES: August 15, 2025**

*Debra L. Bogen MD*

**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.**