

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: 37707

Name and Director of Laboratory:

**YALE UNIVERSITY SCHOOL OF MEDICINE
ANGELIQUE W LEVI
20 YORK STREET EP2-607
NEW HAVEN, CT 06510**

AUTHORIZED CATEGORIES/TESTS:

**CLINICAL CHEMISTRY
TISSUE PATHOLOGY
Histopathology
VIROLOGY**

Owner:

YALE UNIVERSITY SCHOOL OF MEDICINE

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.

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