

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: 33895

Name and Director of Laboratory:

DEPARTMENT OF PATHOLOGY AND LABORATORY
MEDICINE

MARK A. LOVELL
13123 EAST 16TH AVENUE
AURORA, CO 80045

Owner:

CHILDREN'S HOSPITAL COLORADO

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
CLINICAL CHEMISTRY
HEMATOLOGY
IMMUNOHEMATOLOGY
MYCOLOGY
NON-SYPHILIS SEROLOGY
PARASITOLOGY
TISSUE PATHOLOGY
URINALYSIS
VIROLOGY

Rachel L. Levine, MD
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.

**DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
MARK A. LOVELL
13123 EAST 16TH AVE, B120
AURORA, CO 80045**