

# 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, 2017

DATE EXPIRES: August 15, 2018

**AUTHORIZED CATEGORIES/TESTS:**

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

*Karen M. Murphy, PhD, RN*

Karen M. Murphy Ph.D. RN  
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.