

# 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: 31681**

**Name and Director of Laboratory:**

**LABORATORY CORPORATION OF AMERICA  
HONGGANG SHEN, M.D.  
2440 S SEPULVEDA BLVD  
SUITE 181  
LOS ANGELES, CA 90064**

**AUTHORIZED CATEGORIES/TESTS:**

**EXFOLIATIVE CYTOLOGY  
NON-SYPHILIS SEROLOGY  
Flow Cytometry  
TISSUE PATHOLOGY**

**Owner:**

**LABORATORY CORPORATION OF AMERICA**

**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.**