

# 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: 30867**

**Name and Director of Laboratory:**

**DEPT OF PATHOLOGY POCT  
MICHAEL H CREER, M.D.  
PENN STATE MILTON S HERSHEY MEDICAL CENTER  
500 UNIVERSITY DRIVE  
HERSHEY, PA 17033-0850**

**Owner:**

**PENN STATE M S HERSHEY MEDICAL CENTER**

**ISSUE DATE: August 15, 2024**

**DATE EXPIRES: August 15, 2025**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY**

Throat Screen [CLIA Waived]

**CLINICAL CHEMISTRY**

**HEMATOLOGY**

**PARASITOLOGY**

Wet Mounts

**URINALYSIS**

Dipstick Urinalysis

Microscopic Urinalysis

**VIROLOGY**

*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.**

**DEPT OF PATHOLOGY POCT  
MICHAEL H CREER, M.D.  
PENN STATE MILTON S HERSHEY MEDICAL CENTER  
500 UNIVERSITY DRIVE MC H160  
HERSHEY, PA 17033-0850**