

# 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: 32304

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY

Name and Director of Laboratory:

WELLSPAN SURGERY & REHABILITATION HOSPITAL  
LAB  
MICHELLE L ERICKSON, M.D.  
55 MONUMENT RD  
SUITE 1637  
YORK, PA 17403-5023

Owner:

YORK HOSPITAL LABORATORY

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

Denise Johnson MD, FACOG, FACHE  
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.**

**WELLSPAN SURGERY & REHABILITATION HOSPITAL LAB  
MICHELLE L ERICKSON, M.D.  
LABORATORY ADMINISTRATION  
1001 S. GEORGE ST.  
YORK, PA 17403**