

# 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: 00299A**

**Name and Director of Laboratory:**

**GOOD SAMARITAN HOSPITAL  
JACK N SEES JR  
4TH & WALNUT STS PO BOX 1281  
LEBANON, PA 17042-1218**

**Owner:**

**GOOD SAMARITAN HOSPITAL**

**ISSUE DATE: August 15, 2022**

**DATE EXPIRES: August 15, 2023**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
EXFOLIATIVE CYTOLOGY  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
PARASITOLOGY  
TISSUE PATHOLOGY  
TOXICOLOGY - ALCOHOL SERUM / PLASMA  
TOXICOLOGY - DRUGS URINE SCREENING  
URINALYSIS  
VIROLOGY**

**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.**

**GOOD SAMARITAN HOSPITAL  
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