

# 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:** 00132A

**Name and Director of Laboratory:**

CHAMBERSBURG HOSPITAL DEPT OF PATHOLOGY  
LEE A WILKINSON, M.D.  
112 NORTH SEVENTH STREET  
CHAMBERSBURG, PA 17201

**Owner:**

**BOARD OF DIRECTORS**

**ISSUE DATE:** August 15, 2026

**DATE EXPIRES:** August 15, 2027

**AUTHORIZED CATEGORIES/TESTS:**

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

*Debra L. Bogen MD*

**Debra L. Bogen, MD, FAAP**  
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.**

**CHAMBERSBURG HOSPITAL DEPT OF PATHOLOGY  
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