

# 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:** 27072A

**Name and Director of Laboratory:**

**WOMEN & BABIES LAB/HLTH PAVILION  
BRUCE E KING, M.D.  
690 GOOD DRIVE, PO BOX 3750  
LANCASTER, PA 17601**

**Owner:**

**LANCASTER GENERAL HOSPITAL**

**ISSUE DATE:** August 15, 2025

**DATE EXPIRES:** August 15, 2026

**AUTHORIZED CATEGORIES/TESTS:**

**CLINICAL CHEMISTRY**

**HEMATOLOGY**

**IMMUNOHEMATOLOGY**

**MYCOLOGY**

KOH Preps

**NON-SYPHILIS SEROLOGY**

HIV Rapid

**PARASITOLOGY**

Wet Mounts

**TISSUE PATHOLOGY**

**TOXICOLOGY - LIMITED SERVICE URINE DRUGS**

**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.**

**WOMEN & BABIES LAB/HLTH PAVILION**  
**BRUCE E KING, M.D.**  
**555 N. DUKE ST**  
**LANC GEN HOSP ATTN: MAIN LAB**  
**LANCASTER, PA 17602**