


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: 000019A 

Name and Director of Laboratory:

GEISINGER WYOMING VALLEY MED CTR
MYRA WILKERSON, MD
1000 E MOUNTAIN DRIVE
WILKES BARRE, PA 18711

AUTHORIZED CATEGORIES:

- BACTERIOLOGY
 - GRAM STAIN
 - THROAT SCREEN
- CLINICAL CHEMISTRY
- EXFOLIATIVE CYTOLOGY
- HEMATOLOGY
- IMMUNOHEMATOLOGY
- NON-SYPHILIS SEROLOGY
- PARASITOLOGY
 - WET MOUNTS
- TISSUE PATHOLOGY
 - FROZEN SECTIONS
 - ORAL PATHOLOGY
- TOXICOLOGY - ALCOHOL SERUM / PLASMA
- TOXICOLOGY - DRUGS URINE SCREENING
- URINALYSIS
- VIROLOGY

Owner:

GEISINGER

Issued: June 9, 2011

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: August 15, 2012



E. N. Avila, MD, JD, MPH, FCLM
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY