

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: 34457

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY**

**NATIONAL PRION DISEASE PATHOLOGY
SURVEILLANCE CTR
SHASHIREKHA SHETTY, PH.D.
2085 ADELBERT ROAD
CLEVELAND, OH 44106**

Owner:

CASE WESTERN RESERVE UNIVERSITY

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

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.

**NATIONAL PRION DISEASE PATHOLOGY SURVEILLANCE CTR
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