

# 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, 2025**

**DATE EXPIRES: August 15, 2026**

*Debra L. Bogen MD*

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

**NATIONAL PRION DISEASE PATHOLOGY SURVEILLANCE CTR  
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