

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: 32073

Name and Director of Laboratory:

**STANFORD CLINICAL LABORATORY AT HILLVIEW
CHRISTINA S. KONG, M.D.
3375 HILLVIEW AVENUE
PALO ALTO, CA 94304**

Owner:

STANFORD HOSPITAL AND CLINICS

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY

EXFOLIATIVE CYTOLOGY

Non-Gynecological

NON-SYPHILIS SEROLOGY

PARASITOLOGY

SYPHILIS SEROLOGY

TISSUE PATHOLOGY

Cytogenetics

VIROLOGY

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.

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