

# CLINICAL LABORATORY PERMIT

## 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: 024276

Name and Director of Laboratory

NORTH SHORE MEDICAL LABS  
JOEL A LINCOLN MD  
463 WILLIS AVENUE  
WILLISON PARK NY 11596

Owner

NORTH SHORE MEDICAL LABS INC

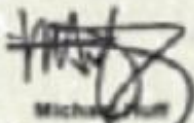
AUTHORIZED CATEGORIES

CLINICAL CHEMISTRY  
URINALYSIS  
SYPHILIS SEROLOGY  
NON-SYPHILIS SEROLOGY  
HEMATOLOGY

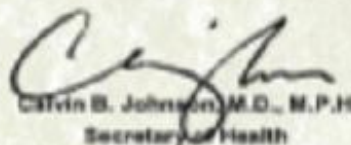
Issued this 15 day of AUGUST 2007

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

DATE EXPIRES: 15 AUGUST 2008



Michael Huff  
Deputy Secretary for Health Planning and Assessment



Calvin B. Johnson, M.D., M.P.H.  
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY