

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: 24276A

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
URINALYSIS
VIROLOGY

NORTH SHORE MEDICAL LABS
ALI CHAUDHRI, M.D.
463 WILLIS AVENUE
WILLISTON PARK, NY 11596

Owner:

ABID SHIEKH

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

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.