

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

Name and Director of Laboratory:

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

AUTHORIZED CATEGORIES/TESTS:

**CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
URINALYSIS
VIROLOGY**

Owner:

ABID SHIEKH

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

**Denise Johnson MD, FACOG, FACHE
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.