

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: 40870

Name and Director of Laboratory:

ACL-GILBERTSVILLE
ELSIE S. LEE, M.D.
1109 GROSSER ROAD
GILBERTSVILLE, PA 19525

Owner:

CHP-LVHN JV, LLC

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY

Throat Screen [CLIA Waived]

CLINICAL CHEMISTRY

HEMATOLOGY

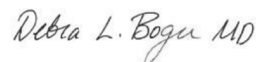
NON-SYPHILIS SEROLOGY

Infectious Mononucleosis [CLIA Waived]

URINALYSIS

Dipstick Urinalysis

VIROLOGY



Debra L. Bogen, MD, FAAP
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.

**ACL-GILBERTSVILLE
ELSIE S. LEE, M.D.
794 ROBLE ROAD ATTN QUALITY DEPT.
ALLENTOWN, PA 18109**