

# 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: 37707**

**AUTHORIZED CATEGORIES/TESTS:  
VIROLOGY**

**Name and Director of Laboratory:**

**YALE UNIVERSITY SCHOOL OF MEDICINE  
JOHN H SINARD, M.D. PH.D.  
20 YORK STREET EP2-607  
NEW HAVEN, CT 06510**

**Owner:**

**YALE UNIVERSITY SCHOOL OF MEDICINE**

**ISSUE DATE: August 15, 2021**

**DATE EXPIRES: August 15, 2022**

**Allison V. Beam  
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.**

**YALE UNIVERSITY SCHOOL OF MEDICINE  
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