

# 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: 35654**

**Name and Director of Laboratory:**

**NORTHWEST LABORATORY  
JOHN W. HOYT, M.D.  
3548 MERIDIAN STREET, STE 101  
BELLINGHAM, WA 98225**

**AUTHORIZED CATEGORIES/TESTS:**

**MYCOLOGY  
PARASITOLOGY  
TISSUE PATHOLOGY  
VIROLOGY**

**Owner:**

**NORTHWEST PATHOLOGY, P.S.**

**ISSUE DATE: August 15, 2023**

**DATE EXPIRES: August 15, 2024**

*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.**

**NORTHWEST LABORATORY  
JOHN W. HOYT, M.D.  
3614 MERIDAN ST. STE 100  
BELLINGHAM, WA 98225**