

# 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:** 34100

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**TISSUE PATHOLOGY**

Cytogenetics

UNIVERSITY OF IOWA HOSPITAL AND CLINICS  
RICHARD J. H. SMITH, M.D.  
DEPT. OF OTOLARYNGOLOGY/MOLECULAR RESEARCH  
285 NEWTON ROAD, 5270 CBRB  
IOWA CITY, IA 52242

**Owner:**

**ISSUE DATE:** August 15, 2025

**DATE EXPIRES:** August 15, 2026

*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.**

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