



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: 34457

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY

NATIONAL PRION DISEASE PATHOLOGY
SURVEILLANCE CTR
SHASHIREKHA SHETTY, PH.D.
2085 ADELBERT ROAD
CLEVELAND, OH 44106

Owner:

CASE WESTERN RESERVE UNIVERSITY

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025



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.

**NATIONAL PRION DISEASE PATHOLOGY SURVEILLANCE CTR
SHASHIREKHA SHETTY, PH.D.
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CLEVELAND, OH 44106**