

# 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: 33895**

**Name and Director of Laboratory:**

**CHILDREN'S HOSPITAL COLORADO  
JENNIFER O BLACK  
13123 EAST 16TH AVE B120  
AURORA, CO 80045**

**Owner:**

**CHILDREN'S HOSPITAL COLORADO**

**ISSUE DATE: October 27, 2025**

**DATE EXPIRES: August 15, 2026**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
PARASITOLOGY  
SYPHILIS SEROLOGY  
TISSUE PATHOLOGY  
URINALYSIS  
VIROLOGY**

*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.**

**CHILDREN'S HOSPITAL COLORADO**  
**JENNIFER O BLACK**  
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