

# 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: 36043**

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**NON-SYPHILIS SEROLOGY  
TISSUE PATHOLOGY**

**H. LEE MOFFITT CANCER CENTER & RESEARCH INS  
HOSP, INC  
LYNN C. MOSCINSKI, M.D.  
12902 MAGNOLIA DRIVE  
TAMPA, FL 33612**

**Owner:**

**H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE,  
INC**

**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.**

**H. LEE MOFFITT CANCER CENTER & RESEARCH INS HOSP, INC**  
**LYNN C. MOSCINSKI, M.D.**  
**12902 MAGNOLIA DRIVE, MCC-LAB**  
**TAMPA, FL 33612**