

# 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: 34309**

**Name and Director of Laboratory:**

**NEW YORK BLOOD CENTER, INC  
BRUCE SACHAIS, M.D.  
45-01 VERNON BOULEVARD  
LONG ISLAND CITY, NY 11101**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
MYCOLOGY  
SYPHILIS SEROLOGY**

**Owner:**

**NEW YORK BLOOD CENTER, INC**

**ISSUE DATE: August 15, 2022**

**DATE EXPIRES: August 15, 2023**

**Denise Johnson MD, FACOG, FACHE  
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.**

**NEW YORK BLOOD CENTER, INC  
BRUCE SACHAIS, M.D.  
45-01 VERNON BOULEVARD  
LONG ISLAND CITY, NY 11101**