

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, 2024

DATE EXPIRES: August 15, 2025

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.

**NEW YORK BLOOD CENTER, INC
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45-01 VERNON BOULEVARD
LONG ISLAND CITY, NY 11101**