

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: 33861

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

HEMATOLOGY

Hemoglobin [CLIA Waived]

**NY BLOOD CENTER, INC.
BRUCE S. SACHAIS, M.D.
D/B/A BLOOD BANK OF DELMARVA
161 WILMINGTON-WEST CHESTER PIKE, SUITE 2300
CHADDSFORD, PA 19317**

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.

**NY BLOOD CENTER, INC.
BRUCE S. SACHAIS, M.D.
100 HYGEIA DRIVE
NEWARK, DE 19713**