

# 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

Owner:

NEW YORK BLOOD CENTER, INC

ISSUE DATE: August 15, 2016

DATE EXPIRES: August 15, 2017

**AUTHORIZED CATEGORIES/TESTS:**

BACTERIOLOGY  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
MYCOLOGY  
SYPHILIS SEROLOGY

Karen M. Murphy Ph.D. RN  
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.