

# 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: 00694A**

**Name and Director of Laboratory:**

**VITALANT REF & TRANSF SVCS  
ALESIA KAPLAN  
501 MARTINDALE STREET  
PITTSBURGH, PA 15212**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
HEMATOLOGY  
CBC  
IMMUNOHEMATOLOGY**

**Owner:**

**VITALANT**

**ISSUE DATE: August 15, 2021**

**DATE EXPIRES: August 15, 2022**

**Allison V. Beam  
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.**

**VITALANT REF & TRANSF SVCS  
ALESIA KAPLAN  
DL CLARK BLDG - ATTN: DEBBIE MERRITT  
501 MARTINDALE STREET  
PITTSBURGH, PA 15212**