

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, 2020

DATE EXPIRES: August 15, 2021

**Rachel L. Levine, MD
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**