

**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: 33529

Name and Director of Laboratory:

RHODEISLANDBLOODCTR/DIV OF NYBC  
SARAH VOSSOUGH  
405 PROMENADE ST  
PROVIDENCE, RI 02908

Owner:

NEW YORK BLOOD CENTER, INC.

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY  
EXFOLIATIVE CYTOLOGY  
Histocompatibility  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
NON-SYPHILIS SEROLOGY  
SYPHILIS SEROLOGY  
VIROLOGY

*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.