

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.
601 MIDLAND AVE
RYE, NY 10580

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
HEMATOLOGY
IMMUNOHEMATOLOGY
MYCOLOGY
SYPHILIS SEROLOGY

Owner:

NEW YORK BLOOD CENTER, INC

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

Debra L. Bogen MD

Debra L. Bogen, MD, FAAP
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.