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
ERIC M SENALDI, M.D.
405 PROMENADE ST
PROVIDENCE, RI 02908

Owner:

NEW YORK BLOOD CENTER, INC.

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

AUTHORIZED CATEGORIES/TESTS:

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

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.