

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: 30827

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

BACTERIOLOGY
HEMATOLOGY
IMMUNOHEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
VIROLOGY

**MEMORIAL BLOOD CENTERS
NANCY LEE VANBUREN, M.D.
737 PELHAM BOULEVARD
ST PAUL, MN 55114**

Owner:

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

**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.