

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

Name and Director of Laboratory:

NEW YORK BLOOD CENTER, INC.
KATERINE A SEYWERD, M.D.
737 PELHAM BOULEVARD
ST PAUL, MN 55114

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
HEMATOLOGY
IMMUNOHEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
VIROLOGY

Owner:

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

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.

NEW YORK BLOOD CENTER, INC.
KATERINE A SEYWERD, M.D.
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ST PAUL, MN 55114