

# 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:** 33861

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

**HEMATOLOGY**

Hemoglobin [CLIA Waived]

**NY BLOOD CENTER, INC.  
BRUCE S. SACHAIS, M.D.  
D/B/A BLOOD BANK OF DELMARVA  
161 WILMINGTON-WEST CHESTER PIKE, SUITE 2300  
CHADDSFORD, PA 19317**

**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  
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.**

**NY BLOOD CENTER, INC.**  
**BRUCE S. SACHAIS, M.D.**  
**100 HYGEIA DRIVE**  
**NEWARK, DE 19713**