

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: 33770

AUTHORIZED CATEGORIES/TESTS:

NY BLOOD CENTER, INC.
BRUCE S. SACHAIS, M.D.
D/B/A BLOOD BANK OF DELMARVA
100 HYGEIA DRIVE
NEWARK, DE 19713

BACTERIOLOGY
CLINICAL CHEMISTRY
HEMATOLOGY
IMMUNOHEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
TISSUE PATHOLOGY
VIROLOGY

Owner:

NEW YORK BLOOD CENTER, INC.

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

A handwritten signature in black ink that reads "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.

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