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: 33850

Name and Director of Laboratory:

VERSITI BLOOD HEALTH, INC.
JULIE L. CRUZ
3450 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208

Owner:

VERSITI BLOOD HEALTH, INC.

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
CLINICAL CHEMISTRY
EXFOLIATIVE CYTOLOGY
Histocompatibility
HEMATOLOGY
IMMUNOHEMATOLOGY
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.

VERSITI BLOOD HEALTH, INC.
JULIE L. CRUZ
3450 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208