

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: 33529

Name and Director of Laboratory:

RHODE ISLAND BLOOD CENTER
CAROLYN T YOUNG, M.D.
405 PROMENADE ST
PROVIDENCE, RI 02908

Owner:

RHODE ISLAND BLOOD CENTER

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
EXFOLIATIVE CYTOLOGY
Histocompatibility
HEMATOLOGY
IMMUNOHEMATOLOGY
NON-SYPHILIS SEROLOGY
SYPHILIS SEROLOGY
VIROLOGY

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.