

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 INDIANA, INC.
JULIE L. CRUZ
3450 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208**

AUTHORIZED CATEGORIES/TESTS:

**BACTERIOLOGY
CLINICAL CHEMISTRY
EXFOLIATIVE CYTOLOGY
Histocompatibility
HEMATOLOGY
IMMUNOHEMATOLOGY
SYPHILIS SEROLOGY
VIROLOGY**

Owner:

INDIANA BLOOD CENTER/BYRON B. BUHNER CEO

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

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.

**VERSITI INDIANA, INC.
JULIE L. CRUZ
3450 NORTH MERIDIAN STREET
INDIANAPOLIS, IN 46208**