

# 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, 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.**

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