

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: 39293

AUTHORIZED CATEGORIES/TESTS:

HEMATOLOGY

Name and Director of Laboratory:

**HCSC-BLOOD CENTER T/A MILLER-KEYSTONE BLOOD
CTR
D. KIP KUTTNER, D.O.
3765 NICHOLAS STREET, SUITE B
EASTON, PA 18045**

Owner:

HCSC-INC.

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.

**HCSC-BLOOD CENTER T/A MILLER-KEYSTONE BLOOD CTR
D. KIP KUTTNER, D.O.
2325 WILLIAM PENN HIGHWAY, SUITE 105
EASTON, PA 18045**