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: 37764

Name and Director of Laboratory:

HCSC-BLOOD CTR T/A MILLER-KEYSTONE BLOOD CTR
D KIP KUTTNER, D.O.
1255 S. CEDAR CREST BOULEVARD, SUITE 1300
ALLENTOWN, PA 18103

Owner:

HCSC-INC.

ISSUE DATE: March 04, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

HEMATOLOGY
CBC (CLIA Waived)

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.

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