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: March 04, 2026

DATE EXPIRES: August 15, 2027

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.

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