

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: 39573

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

HEMATOLOGY

CBC (CLIA Waived)

**HCSC-BLOOD CENTER T/A MILLER KEYSTONE BLOOD
CTR
D KIP KUTTNER, D.O.
740 HAMILTON STREET, SUITE 120
ALLENTOWN, PA 18101**

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
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