# 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: 39292**

**AUTHORIZED CATEGORIES/TESTS:**
**HEMATOLOGY**

**Name and Director of Laboratory:**

**HCSC-BLOOD CENTER T/A MILLER-KEYSTONE BLOOD CTR**
**D KIP KUTTNER, D.O.**
**400 ROUTE 315, SUITE E**
**PITTSTON, PA 18640**

**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.**

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