

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: 22511A

Name and Director of Laboratory:

VITALANT SPECIALTY LAB, COAG & MID
ANGELA M VERDONI, PH.D.
5 PARKWAY CENTER, SUITE 210
PITTSBURGH, PA 15220

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY

Owner:

VITALANT

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

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.

VITALANT SPECIALTY LAB, COAG & MID
ANGELA M VERDONI, PH.D.
875 GREENTREE RD
5 PARKWAY CENTER, SUITE 164
PITTSBURGH, PA 15220