



*State of Rhode Island*  
**DEPARTMENT OF HEALTH**  
**CENTER FOR HEALTH FACILITIES REGULATION**

*This is to certify that VITALANT SPECIALTY LAB, COAG & MID*  
*875 GREENTREE ROAD STE 210 FIVE PARKWAY CENTER PITTSBURGH PA 15220*  
*License Number: LCO01699*

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

APPROVED SPECIALTY (IES)

*DIAGNOSTIC IMMUNOLOGY, General Immunology, CHEMISTRY, Routine Chemistry, Toxicology, HEMATOLOGY, CLINICAL GENETICS,*

*Expires: 12/30/2024*

*License Owner: VITALANT- Corporation*

*Issued: 10/20/2023*