

# 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.  
3636 BOULEVARD OF THE ALLIES  
PITTSBURGH, PA 15213**

**AUTHORIZED CATEGORIES/TESTS:**

**CLINICAL CHEMISTRY  
HEMATOLOGY  
NON-SYPHILIS SEROLOGY  
RADIOISOTOPE TECHNICS  
TISSUE PATHOLOGY  
VIROLOGY**

**Owner:**

**VITALANT**

**ISSUE DATE: August 15, 2024**

**DATE EXPIRES: August 15, 2025**

*Debra L. Bogen MD*

**Debra L. Bogen, MD, FAAP  
Acting 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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