

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: 34802 AUTHORIZED CATEGORIES/TESTS: NON-SYPHILIS SEROLOGY

Name and Director of Laboratory:

VASCULAR STRATEGIES LLC JAGADISH N ULLOOR, PH.D. 5110 CAMPUS DR, SUITE 137 PLYMOUTH MEETING, PA 19462

Owner:

STEVEN J. ADELMAN

**ISSUE DATE: August 15, 2022** 

**DATE EXPIRES: August 15, 2023** 

Defr. 15

Denise Johnson MD, FACOG, FACHE 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.

