

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: 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, 2023

DATE EXPIRES: August 15, 2024

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.

**VASCULAR STRATEGIES LLC
JAGADISH N ULLOOR, PH.D.
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PLYMOUTH MEETING, PA 19462**