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: 26806A

Name and Director of Laboratory:

LEHIGH VALLEY HOSPITAL HLA LAB
PETER N. LALLI
1200 SOUTH CEDAR CREST BOULEVARD
ALLENTOWN, PA 18103-6248

Owner:

LEHIGH VALLEY HOSPITAL

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

NON-SYPHILIS SEROLOGY
Histocompatibility

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.

LEHIGH VALLEY HOSPITAL HLA LAB
PETER N. LALLI
794 ROBLE RD
ATTN: QUALITY
ALLENTOWN, PA 18109