

CLINICAL LABORATORY PERMIT

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: 029044

Name and Director of Laboratory

HAGC LABORATORY AT THE UNIVERSITY HOSPITAL
VINCENT J DERISIO DO
234 GOODMAN STREET
BLOOD BANK 6TH FLOOR
CINCINNATI OH 45267

Owner

HEALTH ALLIANCE OF GREATER CINCINNATI

AUTHORIZED CATEGORIES

IMMUNOHEMATOLOGY

Issued this 15 day of AUGUST 2005

This permit is subject to revocation, suspension,
or limitation for violation of the Act or the
Regulations promulgated thereunder.

DATE EXPIRES: 15 AUGUST 2006

Michelle S. Davis
Michelle S. Davis

Deputy Secretary for Health Planning and Assessment

Calvin B. Johnson
Calvin B. Johnson, M.D., M.P.H.
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY