

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: 37242

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

HEMATOLOGY

Hematocrit [CLIA Waived]

**WELLSPAN YORK BLOOD DONOR SERVICES
MICHELLE L. ERICKSON, M.D.
25 MONUMENT ROAD, SUITE 198
YORK, PA 17403**

Owner:

WELLSPAN YORK HOSPITAL

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

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.

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