

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: 34008** 

**AUTHORIZED CATEGORIES/TESTS:** 

Name and Director of Laboratory:

**CLINICAL CHEMISTRY** HEMATOLOGY

VIBRANT AMERICA CLINICAL LABORATORY CLAUDE O BURDICK, M.D.

NON-SYPHILIS SEROLOGY

3521 LEONARD CT

SANTA CLARA, CA 95054

Owner:

JOHN J. RAJASEKARAN

**ISSUE DATE: August 15, 2024** 

**DATE EXPIRES: August 15, 2025** 

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP **Acting 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.

