

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: 38400

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY

Cytogenetics

**IGENOMIX
BRYNN LEVY, PH.D.
383 VAN NESS AVE, UNIT1605
TORRANCE, CA 90501**

Owner:

IGENOMIX LATAM, IGENOMIX USA LLC, MENDEL BIDOC

ISSUE DATE: August 15, 2021

DATE EXPIRES: August 15, 2022

**Allison V. Beam
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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BRYNN LEVY, PH.D.
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