

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, UNIT 1605
TORRANCE, CA 90501**

Owner:

IGENOMIX LATAM, IGENOMIX USA LLC, MENDEL BIDOC

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

**Denise Johnson MD, FACOG, FACHE
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.

IGENOMIX
BRYNN LEVY, PH.D.
383 VAN NESS AVE, UNIT 1605
TORRANCE, CA 90501