

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: 37389

389 AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

CLINICAL CHEMISTRY
TISSUE PATHOLOGY
Cytogenetics

IGENOMIX USA LLC BRYNN LEVY, PH.D. 7955 NW 12 ST, SUITE 415

VIROLOGY

MIAMI, FL 33126

Owner:

MARCELO CAPUTO (CEO) IGENOMIX USA

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

Defrits

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.

