





In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address.

IGENOMIX USA (MIAMI LOCATION)

7955 NW 12TH ST STE 415. DORAL, FL 33126-1823



STATE ID: COS-90001102

OR VISIT: www.cdph.ca.gov/LFS

EFFECTIVE DATE: 07/14/2023 EXPIRATION DATE: 07/13/2024

OWNER/S:

IGENOMIX LATAM, INC1. MENDEL BIDCO INC2 "US BIDCO" MENDEL BIDCO, S.L.U3 MENDEL HOLDCO, S.L4 8BP1 S.A.R.L.5

LICENSE TYPE:

CLINICAL LABORATORY LICENSE

DIRECTOR/S:

**BRYNN LEVY** 

DISPLAY: State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory. CHANGE OF LABORATORY NAME, DIRECTOR, OWNER AND/OR ADDRESS:

State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. If this office is not notified, your license may be revoked 30 days after major Owner and/or Director change. If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new laboratory license. To make these changes or to submit a new application, visit our website: https://www.cdph.ca.gov/LFS (Go to Laboratory Facilities)

LABORATORY FIELD SERVICES