

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 USA INC.
BRYNN LEVY, PH.D.
383 VAN NESS AVE, UNIT 1605
TORRANCE, CA 90501**

Owner:

MENDEL BIDOC, S.L.U

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

Debra L. Bogen 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.

**IGENOMIX USA INC.
BRYNN LEVY, PH.D.
5201 WATERFORD DISTRICT DRIVE,
SUITE 100
MIAMI, FL 33126**