

# 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:**

**IGENOMIX USA, INC**

**ISSUE DATE: August 15, 2025**

**DATE EXPIRES: August 15, 2026**

*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**