

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: 37389

Name and Director of Laboratory:

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

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY

TISSUE PATHOLOGY

Cytogenetics

VIROLOGY

COVID-19

Owner:

IGENOMIX USA, INC

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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**