

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: 36462

Name and Director of Laboratory:

ESOTERIX GENETIC LABORATORIES, LLC
JOHNATHAN L KLEIN, M.D.
3 FOREST PARKWAY
SHELTON, CT 06484

Owner:

LABORATORY CORPORATION OF AMERICA HOLDINGS

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY
TISSUE PATHOLOGY

Denise Johnson MD, FACOG, FACHE
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.

ESOTERIX GENETIC LABORATORIES, LLC
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SHELTON, CT 06484