

# 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**

**AUTHORIZED CATEGORIES/TESTS:**

**CLINICAL CHEMISTRY  
HEMATOLOGY  
NON-SYPHILIS SEROLOGY  
TISSUE PATHOLOGY**

**Owner:**

**LABORATORY CORPORATION OF AMERICA HOLDINGS**

**ISSUE DATE: August 15, 2024**

**DATE EXPIRES: August 15, 2025**

*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.**

**ESOTERIX GENETIC LABORATORIES, LLC**  
**JOHNATHAN L KLEIN, M.D.**  
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**SHELTON, CT 06484**