

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, 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.

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