The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

DIVISION OF HEALTH CARE FACILITY LICENSURE AND CERTIFICATION

CLINICAL LABORATORY LICENSE

In accordance with the provisions of the General Laws, Chapter 111D and regulations established thereunder, a license is hereby granted to

LABORATORY CORPORATION OF AMERICA

NAME OF APPLICANT

358 SOUTH MAIN STREET, BURLINGTON, NC 27215

ADDRESS OF APPLICANT

for the maintenance of

ESOTERIX GENETIC LABORATORIES LLC

NAME OF CLINICAL LABORATORY FACILITY NUMBER

5759

ADDRESS OF CLINICAL LABORATORY

3400 COMPUTER DRIVE, WESTBOROUGH, MA 01581

Classification: FULL

<table>
<thead>
<tr>
<th>MICROBIOLOGY</th>
<th>IMMUNOLOGY</th>
<th>Clinical Chemistry</th>
<th>Pathology</th>
<th>Cytogenetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virology</td>
<td>Non-Syphilis</td>
<td>Routine Chemistry</td>
<td>Histopathology</td>
<td></td>
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</tbody>
</table>

LICENSE № 5759 is valid from **September 8, 2021** to **September 7, 2023** subject to revocation for cause.

MARGARET R. COOKE, ACTING COMMISSIONER OF PUBLIC HEALTH

DATE ISSUED: **SEPTEMBER 8, 2021**

COLLECTION STATIONS/SATELLITES

None

POST CONSPICUOUSLY