

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

3400 COMPUTER DRIVE, WESTBOROUGH, MA 01581

ADDRESS OF CLINICAL LABORATORY

5759

FACILITY NUMBER

Classification: **FULL**

MICROBIOLOGY
Virology

IMMUNOLOGY
Non-Syphilis

Clinical Chemistry
Routine Chemistry

Pathology
Histopathology

Cytogenetics

COPY

LICENSE N^o **5759** is valid from **September 8, 2021** to **September 7, 2023** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES

None

Handwritten signature of Margaret R. Cooke in black ink.

MARGRET R. COOKE, ACTING COMMISSIONER OF PUBLIC HEALTH

SEPTEMBER 8, 2021

DATE ISSUED

POST CONSPICUOUSLY