

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: 33136

AUTHORIZED CATEGORIES/TESTS:

TISSUE PATHOLOGY

Cytogenetics

Name and Director of Laboratory:

REPROGENETICS LLC
PERE COLLS COMAS, PH.D.
3 REGENT ST SUITE 301
LIVINGSTON, NJ 07039

Owner:

REPROGENETICS, LLC

ISSUE DATE: August 15, 2019

DATE EXPIRES: August 15, 2020

Rachel L. Levine, MD
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.