

COPY



Dear Laboratory Director:

Attached below is your clinical laboratory license.
Your license is void after the expiration date below.

Expiration Date: January 3, 2012

**CORRELAGEN DIAGNOSTICS
307 WAVERLEY OAKS RD STE 101
WALTHAM MA 02452-8413**

DISPLAY:

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME,

DIRECTOR, OWNER AND/OR ADDRESS:

State law requires that you notify this office WITHIN 30 DAYS of any change in ownership, name, location or laboratory directors. YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE OCCURS. Mail written notification of the above changes to the address indicated below:

California Department of Public Health
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142 Labclin (11-09)

Tear Here

Tear Here

State of California Department of Public Health

CLINICAL LABORATORY LICENSE

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

**CORRELAGEN DIAGNOSTICS
307 WAVERLEY OAKS ROAD, SUITE 101
WALTHAM MA 02452**

OWNER(S):

LABORATORY CORPORATION OF AMERICA HOLDINGS

DIRECTOR(S):

NATALIA T LEACH PHD

Lab ID Number: COS00800183
Effective Date: January 4, 2011
Valid Until: January 3, 2012
CLIA Number: 22D1044516

Beatrice R. O'Keefe
Beatrice R. O'Keefe, Chief
Laboratory Field Services