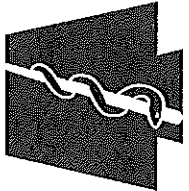


COPY

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: 029803A



AUTHORIZED CATEGORIES:

CLINICAL CHEMISTRY

Name and Director of Laboratory:

CORRELAGEN DIAGNOSTICS
NATALIA LEACH, PHD
307 WAVERLEY OAKS ROAD
SUITE 101
WALTHAM, MA 02452

Owner:

LABORATORY CORPORATION OF AMERICAN HOLDINGS

Issued: July 12, 2011

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: August 15, 2012

Eli N. Avila, MD, JD, MPH, FCIAM
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY