

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: 32061

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**CLINICAL CHEMISTRY
HEMATOLOGY
NON-SYPHILIS SEROLOGY**

**REPROSOURCE FERTILITY DIAGNOSTICS. INC.
VIVEKANANDA DATTA, M.D. PH.D.
200 FOREST STREET
2ND FLOOR, SUITE B
MARLBOROUGH, MA 01752**

Owner:

QUEST DIAGNOSTICS INCORPORATED

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
Acting 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.

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