

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

REPROSOURCE FERTILITY DIAGNOSTICS, INC

NAME OF APPLICANT

200 FOREST ST., 2ND FLOOR, SUITE B, MARLBOROUGH, MA 01752

ADDRESS OF APPLICANT

for the maintenance of

REPROSOURCE FERTILITY DIAGNOSTICS, INC

NAME OF CLINICAL LABORATORY

200 FOREST ST., 2ND FLOOR, SUITE B, MARLBOROUGH, MA 01752

ADDRESS OF CLINICAL LABORATORY

5977

FACILITY NUMBER

Classification: **FULL**

IMMUNOLOGY

Non-Syphilis

Clinical Chemistry

Routine Chemistry

Endocrinology

Hematology

Routine Hematology

Cellular Studies

Other Hematology

LICENSE N^o **5977** is valid from **January 11, 2023** to **January 10, 2025** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES

None

Handwritten signature of Margaret R. Cooke in black ink.

MARGRET R. COOKE, COMMISSIONER OF PUBLIC HEALTH

JANUARY 11, 2023

DATE ISSUED

POST CONSPICUOUSLY