

# 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

VARIANTYX INC  
NAME OF APPLICANT

1671 WORCESTER RD, STE 300, FRAMINGHAM, MA 01701  
ADDRESS OF APPLICANT

for the maintenance of

VARIANTYX INC  
NAME OF CLINICAL LABORATORY

1671 WORCESTER RD, STE 300, FRAMINGHAM, MA 01701  
ADDRESS OF CLINICAL LABORATORY

**5438**  
FACILITY NUMBER

Classification: **FULL**

Clinical Chemistry  
Routine Chemistry

LICENSE N<sup>o</sup> **5438** is valid from **February 13, 2024** to **February 12, 2026** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES  
None

ROBERT GOLDSTEIN, MD, PHD, COMMISSIONER OF PUBLIC HEALTH

**FEBRUARY 13, 2024**  
DATE ISSUED

POST CONSPICUOUSLY

DPH-HCQ-CLP 3/11/24