

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, FRAMINGHAM, MA 01701

ADDRESS OF APPLICANT

for the maintenance of

VARIANTYX INC

NAME OF CLINICAL LABORATORY

1671 WORCESTER RD, FRAMINGHAM, MA 01701

ADDRESS OF CLINICAL LABORATORY

5438

FACILITY NUMBER

Classification: **FULL**

Clinical Chemistry
Routine Chemistry

Cytogenetics
Specialty

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

This is a revised license reflecting the addition of the specialty of Cytogenetics effective September 22, 2025.

COLLECTION STATIONS/SATELLITES

None

ROBERT GOLDSTEIN, MD, PHD, COMMISSIONER OF PUBLIC HEALTH

FEBRUARY 13, 2024

DATE ISSUED

POST CONSPICUOUSLY