

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: 38004 AUTHORIZED CATEGORIES/TESTS: CLINICAL CHEMISTRY

Name and Director of Laboratory:

IU GENETIC TESTING LABORATORY GAIL H. VANCE, M.D. 975 W WALNUT ST, IB350 INDIANAPOLIS, IN 46202

Owner:

INDIANA UNIVERSITY MEDICAL GENETICS SERVICES, INC.

ISSUE DATE: August 15, 2021

DATE EXPIRES: August 15, 2022

fluin V. Bean

Allison V. Beam 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.