LICENSE #: <u>800027797</u> CERTIFICATE #: 108213

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION DIVISION OF HEALTH QUALITY ASSURANCE

CLINICAL LABORATORY

Licensed

This is to confirm that <u>REPROGENETICS LLC</u> has complied with Chapter 483, Part I, Florida Statutes, and with Chapter 59A-7, Florida Administrative Code, and is authorized to operate the following laboratory in the specialties or subspecialties of:

Clinical Cytogenetics

REPROGENETICS

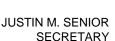
3 Regent St Ste. 301 Livingston, NJ 07039

EFFECTIVE DATE: <u>08/25/2017</u>

EXPIRATION DATE: <u>08/24/2019</u>



Deputy Secretary Division of Health Quality Assurance





Pere Collscomas, Administrator Reprogenetics 3 Regent St Ste. 301 Livingston, NJ 07039

RE: 3 Regent St Ste. 301, Livingston

File Number: 26985655 License Number: 800027797 Provider Type: Clinical

Laboratory

Dear Administrator:

The enclosed Clinical Laboratory license with license number 800027797 and certificate number 108213 is issued for the above provider effective August 25, 2017 through August 24, 2019. The license is being issued for: approval of the renewal application.

Review your certificate thoroughly to ensure that all information is correct and consistent with your records. If errors are noted, please contact the Laboratory Licensure Unit.

Please take a short customer satisfaction survey on our website at ahca.myflorida.com/survey/ to let us know how we can serve you better. Additional licensure information can be found at http://ahca.myflorida.com/labs.

If we may be of further assistance, please contact me by phone at 850-412-4376 or by email at SHAWNA.LEE-PAUL@ahca.myflorida.com.

Sincerely,

SHAWNA LEE-PAUL Laboratory Licensure Unit

Division of Health Quality Assurance



REPROGENETICS 3 REGENT ST STE 301 LIVINGSTON, NJ 07039