

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

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: 31444

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

**CLINICAL CHEMISTRY
TISSUE PATHOLOGY**

**ASSUREX HEALTH, INC.
NINA KING, PH.D.
6000 S. MASON-MONTGOMERY RD
MASON, OH 45040**

Owner:

MYRIAD GENETICS, INC.

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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.

ASSUREX HEALTH, INC.
NINA KING, PH.D.
6000 S. MASON-MONTGOMERY RD
MASON, OH 45040