

# State of Tennessee



License No. 0000002299

## DEPARTMENT OF HEALTH

*This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to:*

GENETICS ASSOCIATES, INC.

*Medical Laboratory Director* VAITHILINGAM G. DEV, PHD

*Owner* INDIVIDUAL

*To conduct and maintain a Medical Laboratory in the Specialty (ies) of:*

CLINICAL CYTOGENETICS

*On the premises located at* 1916 PATTERSON STREET, SUITE 400, NASHVILLE, TN 37203-2182

*County of* DAVIDSON

*This license shall expire* FEBRUARY 28 2017

*This license shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this license is subject to the provisions of T.C.A. Section 68-29-111 and regulations thereto. This license shall not be assignable or transferable and shall be subject to revocation at any time by the State Department of Health for failure to comply with the laws of the State of Tennessee or the rules and regulations of the State Department of Health issued thereunder.*

*In Witness Whereof, we have hereunto set our hand and seal of the State*  
*this* 16TH *day of* MARCH 2016.

*By* Roemarie OHO  
DIRECTOR, HEALTH RELATED BOARDS

*By* Cheryl K. Amst SCT(ASCP)  
CHAIRMAN, MEDICAL LABORATORY BOARD

*By* [Signature]  
COMMISSIONER, DEPARTMENT OF HEALTH

