

New York State Department of Health

PFI: 8497

Clinical Laboratory Permit

CLIA: 44D0688266

Genetics Associates Inc

1916 Patterson St Ste 400

Nashville TN 37203

Director:
Sophia D. Stewart, Ph.D.

Owner:
Genetics Associates Inc

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

Cytogenetics

Renewal

Effective Date: July 1, 2024

Expiration Date: June 30, 2025

Subject to Revocation

Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 189151