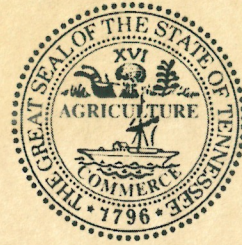


State of



Tennessee

Department of Health

This is to Certify, that a Certificate is hereby granted by the Tennessee Department of Health to:

GENETICS ASSOCIATES LLC-CYTOGENETIC TRAINING PROGRAM

To conduct and maintain a School for Training Medical Laboratory Personnel in the Specialty(ies) of:

CLINICAL CYTOGENETICS

On the premises located at 1916 PATTERSON ST STE 400, NASHVILLE TN 37203

County of DAVIDSON, TENNESSEE.

This license shall expire December 31, 2025

This certificate shall be displayed in a conspicuous place where it may be viewed by the public. The holder of this certificate is subject to the provisions of T.C.A. Section 68-29-110 and regulations thereto. This certificate shall not be assignable or transferrable, 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 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 15th day of January, 2025.

TENNESSEE DEPARTMENT OF HEALTH

A handwritten signature in dark ink, appearing to read 'D. Allen', written over a horizontal line.

Commissioner, Dept. of Health

A handwritten signature in dark ink, appearing to read 'Jennifer L. Putnam, Esq.', written over a horizontal line.

Assistant Commissioner, Health Licensure & Regulation

A handwritten signature in dark ink, appearing to read 'Jennifer Widcomb MT (ASCP)', written over a horizontal line.

Chairman, Medical Laboratory Board

