



Dear Laboratory Director:

Attached below is your clinical laboratory license.  
Your license is void after the expiration date below.

Expiration Date: September 1, 2016

**GENEDX, INC.**  
207 PERRY PKWY  
GAITHERSBURG MD 20877-2142

**DISPLAY:**

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

**CHANGE OF LABORATORY NAME,  
DIRECTOR, OWNER AND/OR ADDRESS:**

State law requires that the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE.**

You must submit a completed application for a new clinical laboratory license or registration within those 30 days or cease engaging in clinical laboratory practice. Mail written notification and/or application to the address indicated below.

California Department of Public Health  
Laboratory Field Services, Facility Licensing Section  
850 Marina Bay Parkway, Building P, 1st Floor  
Richmond, CA 94804-6403

Thank you for your cooperation.

Lab 142 Labclin (11-12)

Tear Here

Tear Here

**State of California Department of Public Health**  
**CLINICAL LABORATORY LICENSE**

In accordance with the provisions of Chapter 3, Division 2 of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address or other site(s) on file with the department.

**GENEDX, INC.**  
207 PERRY PARKWAY  
GAITHERSBURG MD 20877

**OWNER(S):**

BIO REFERENCE LABORATORIES, INC.  
MARC CEO GRODMAN  
SHERRI J BALE  
ANNE MADDALENA

**DIRECTOR(S):**

ANNE MADDALENA PHD  
WENDY CHUNG PHD

**Lab ID Number: COS 00800286**

**Effective Date: September 03, 2015**

**Valid Until: September 01, 2016**

**CLIA Number: 21D0969951**

*Beatrice O'Keefe*  
Beatrice R. O'Keefe, Division Chief  
Laboratory Field Services