

The Commonwealth of Massachusetts



DEPARTMENT OF

PUBLIC HEALTH

DIVISION OF HEALTH CARE FACILITY LICENSURE AND CERTIFICATION

CLINICAL LABORATORY LICENSE

In accordance with the provisions of the General Laws, Chapter 111D and regulations established thereunder, a license is hereby granted to

MOLECULARMD, CORP

NAME OF APPLICANT

840 MEMORIAL DR, CAMBRIDGE, MA 02139

ADDRESS OF APPLICANT

for the maintenance of

MOLECULARMD, CORP

NAME OF CLINICAL LABORATORY

840 MEMORIAL DR, CAMBRIDGE, MA 02139

ADDRESS OF CLINICAL LABORATORY

5362

FACILITY NUMBER

Classification: **FULL**

Clinical Chemistry

Other Chemistry

Hematology

Other Hematology

LICENSE N^o **5362** is valid from **January 25, 2021** to **January 24, 2023** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES

None

MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

JANUARY 25, 2021

DATE ISSUED

POST CONSPICUOUSLY