

Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:

**Laboratory Identification Number: 34318** 

**AUTHORIZED CATEGORIES/TESTS:** 

Name and Director of Laboratory:

CLINICAL CHEMISTRY NON-SYPHILIS SEROLOGY

VIROLOGY

EXACT SCIENCES LABORATORIES, LLC JENNIFER J S LAFFIN, PH.D. 145 EAST BADGER ROAD MADISON, WI 53713

Owner:

**EXACT SCIENCES CORPORATION** 

**ISSUE DATE: August 15, 2023** 

**DATE EXPIRES: August 15, 2024** 

Debia L. Bogu MD

Debra L. Bogen, MD, FAAP Secretary of Health

## DISPLAY THIS CERTIFICATE PROMINENTLY

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

