

CLINICAL LABORATORY PERMIT



pennsylvania
DEPARTMENT OF HEALTH

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: 32596

Name and Director of Laboratory:

**FOUNDATION MEDICINE, INC.
JULIA A ELVIN, M.D. PH.D.
150 2ND STREET
CAMBRIDGE, MA 02139**

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY

TISSUE PATHOLOGY

Cytogenetics

General Histology

Owner:

ROCHE HOLDINGS, INC.

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogen 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.

**FOUNDATION MEDICINE, INC.
JULIA A ELVIN, M.D. PH.D.
150 2ND STREET
CAMBRIDGE, MA 02139**