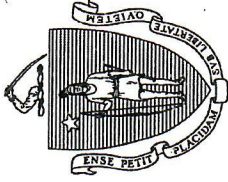


The Commonwealth of Massachusetts



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

VARIANTYX INC

NAME OF APPLICANT

1671 WORCESTER RD, STE 300, FRAMINGHAM, MA 01701

ADDRESS OF APPLICANT

for the maintenance of

VARIANTYX INC

NAME OF CLINICAL LABORATORY

1671 WORCESTER RD, STE 300, FRAMINGHAM, MA 01701

ADDRESS OF CLINICAL LABORATORY

Classification: FULL

Clinical Chemistry
Routine Chemistry

5438
FACILITY NUMBER

LICENSE N° 5438 is valid from February 13, 2020 to February 12, 2022 subject to revocation for cause:

COLLECTION STATIONS

None

MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

FEBRUARY 13, 2020

DATE ISSUED

POST CONSPICUOUSLY