

# 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: 33220**

**Name and Director of Laboratory:**

**FOUNDATION MEDICINE, INC.  
SHAKTI RAMKISSOON, M.D. PH.D.  
7010 KIT CREEK ROAD  
MORRISVILLE, NC 27560**

**AUTHORIZED CATEGORIES/TESTS:**

**CLINICAL CHEMISTRY**

**TISSUE PATHOLOGY**

Histopathology

**Owner:**

**ROCHE HOLDINGS, INC**

**ISSUE DATE: August 15, 2021**

**DATE EXPIRES: August 15, 2022**

**Allison V. Beam**  
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.  
SHAKTI RAMKISSOON, M.D. PH.D.  
150 SECOND ST.  
CAMBRIDGE, MA 02141**