

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, 2020

DATE EXPIRES: August 15, 2021

**Rachel L. Levine, MD
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**