



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
*Center for Health Facilities Regulation*

*This is to certify that **FOUNDATION MEDICINE INC 7010 KIT CREEK ROAD MORRISVILLE NC 27560***

*License Number: **LCO01036***

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

**APPROVED SPECIALTY (IES)**

**CHEMISTRY, Routine Chemistry, PATHOLOGY, Histopathology,**

Handwritten signature of Jennifer Olsen-Armstrong in cursive.

**Jennifer Olsen-Armstrong**  
Chief, Center for Health Facilities Regulation

**Expires: 12/30/2023**

**License Owner: *FOUNDATION MEDICINE INC***

Handwritten signature of Nicole Alexander-Scott in cursive.

**Nicole Alexander-Scott, MD, MPH**  
Director of Health

**Issued: 07/14/2016**

FOUNDATION MEDICINE INC  
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