

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

MOLECULAR MD CORP

NAME OF APPLICANT

840 MEMORIAL DRIVE, CAMBRIDGE, MA 02139

ADDRESS OF APPLICANT

for the maintenance of

MOLECULAR MD CORP

NAME OF CLINICAL LABORATORY

840 MEMORIAL DRIVE, CAMBRIDGE, MA 02139

ADDRESS OF CLINICAL LABORATORY

5362

FACILITY NUMBER

Classification: FULL

Hematology
Other Hematology

LICENSE N^o 5362 is valid from March 5, 2016 to March 4, 2018 subject to revocation for cause.

COLLECTION STATIONS

None


MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

MARCH 5, 2016

DATE ISSUED

POST CONSPICUOUSLY