DEPARTMENT OF HEALTH and HUMAN SERVICES

STATE OF MAINE

THIS IS TO CERTIFY THAT NorDx - Scarborough Campus is hereby
Licensed to maintain and operate a ________________ Medical Laboratory

to be known as ________________________________________________ NorDx - Scarborough Campus
located at ________________________________ in ________________________________, Maine
with the laboratory to provide testing in the following specialties:

Chemistry (Routine, Urinalysis, Toxicology, Endocrinology, Alpha fetoprotein) Histocompatibility (HLA testing)
Hematology (Routine, Coagulation, Flow Cytometry, Molecular Pathology) Clinical Cytogenetics (FISH testing)
Pathology (Tissue, Oral, Diagnostic Cytology) Immunology (Syphilis, General Immunology)
Microbiology (Bacteriology, Mycobacteriology, Mycology, Parasitology, Virology)

Name of Director ________________ Gene R. Putz, Ph.D.

This license is issued under authority of 22 M.R.S.A., Section §2011 et seq., and remains in effect subject to compliance with the provisions of the said Title and the regulations of the Department adopted thereunder, effective

from ________________________________ June 28, 2019

to ________________________________ July 11, 2022

Issued ________________________________ June 28, 2019

License No: MEDLC001

Jeanne M. Lambrew, Commissioner