

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: 025875A



AUTHORIZED CATEGORIES:

HEMATOLOGY
NON-SYPHILIS SEROLOGY

Name and Director of Laboratory:

ESOTERIX INC
DOROTHY M ADCOCK
8490 UPLAND DRIVE BLDG B
ENGLEWOOD, CO 80112

Owner:

ESOTERIX INC

Issued: August 15, 2010

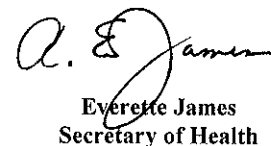
This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: August 15, 2011



Michael Huff

Deputy Secretary for Health Planning and Assessment



Everette James
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY