

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: 30863

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY

Cytogenetics

**COMBIMATRIX MOLECULAR DIAGNOSTICS
KARINE HOVANES, PH.D.
310 GODDARD
SUITE 150
IRVINE, CA 92618**

Owner:

INVITAE CORPORATION

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

**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.