



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
**OFFICE OF FACILITIES REGULATION**

*This is to certify that BIOREFERENCE LABORATORIES INC*  
**GENPATH 22520 GATEWAY CENTER DR SUITE 400 CLARKSBURG MD 20871-2005**  
**License Number: LCO00653**

*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)**

**HISTOCOMPATIBILITY**

**MICROBIOLOGY, Bacteriology, Mycology, Parasitology, Virology, DIAGNOSTIC IMMUNOLOGY, Syphilis Serology, General Immunology**

**CHEMISTRY, Routine Chemistry, Urinalysis, Endocrinology, Toxicology, HEMATOLOGY**

**IMMUNOHEMATOLOGY, ABO Group/Rh Type, Antibody Det. Non-Transfusion, Antibody Ident., PATHOLOGY, Histopathology, Oral Pathology, Cytology**

**CLINICAL CYTOGENETICS**

**CYTOGENETICS/FISH**

Handwritten signature of Ray Rusin in black ink.

**Ray Rusin**  
**Chief, Office of Facilities Regulation**

**Expires: 12/30/2016**

Handwritten signature of Michael Fine in black ink.

**Michael Fine, MD**  
**Director of Health**

**Issued: 06/28/2011**