

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: 32379

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

HEMATOLOGY
TISSUE PATHOLOGY
Cytogenetics

PRECIPIO DIAGNOSTICS, LLC FRANK BAUER, M.D. 4 SCIENCE PARK, 3RD FLOOR NEW HAVEN, CT 06511

Owner:

ILAN DANIELI, CEO

ISSUE DATE: August 15, 2021

DATE EXPIRES: August 15, 2022

Alum V. Beam

Allison V. Beam 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.

