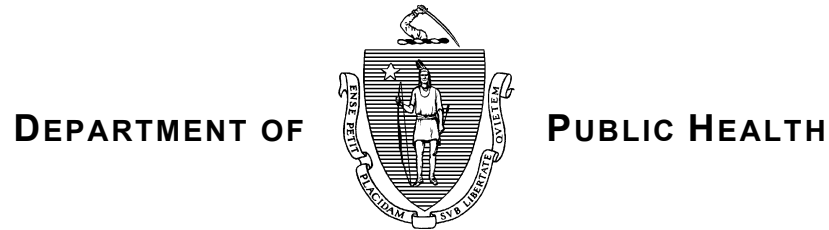


The Commonwealth of Massachusetts



DIVISION OF HEALTH CARE FACILITY LICENSURE AND CERTIFICATION

CLINICAL LABORATORY LICENSE

In accordance with the provisions of the General Laws, Chapter 111D and regulations established thereunder, a license is hereby granted to

EUROFINS US HOLDINGS, INC
NAME OF APPLICANT

343 WEST MAIN STREET, LEOLA, PA 17540
ADDRESS OF APPLICANT

for the maintenance of

EUROFINS DONOR & PRODUCT TESTING, LLC, BOSTON
NAME OF CLINICAL LABORATORY

60 1ST AVENUE, SUITE 2, WALTHAM, MA 02451
ADDRESS OF CLINICAL LABORATORY

5369
FACILITY NUMBER

Classification: **FULL**

MICROBIOLOGY
Virology

IMMUNOLOGY
Syphilis
Non-Syphilis
Viral Serology

IMMUNOHEMATOLOGY
Bood Group/Rh Type

LICENSE N^o **5369** is valid from **June 30, 2025** to **June 29, 2027** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES
None

ROBERT GOLDSFEIN, MD, PhD, COMMISSIONER OF PUBLIC HEALTH

JUNE 30, 2025
DATE ISSUED

POST CONSPICUOUSLY