The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH

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 — **5369**
NAME OF CLINICAL LABORATORY — FACILITY NUMBER

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

Classification: **FULL**

MICROBIOLOGY	IMMUNOLOGY	IMMUNOHEMATOLOGY
Virology	Syphilis	Bood Group/Rh Type
	Non-Syphilis	
	Viral Serology	

LICENSE № **5369** is valid from **June 30, 2025** to **June 29, 2027** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES
None

ROBERT GOLDSTEIN, MD, PHD, COMMISSIONER OF PUBLIC HEALTH
JUNE 30, 2025
DATE ISSUED

POST CONSPICUOUSLY

DPH-HCQ-CLP 11/17/25