

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

COHEN DERMATOPATHOLOGY, PC

NAME OF APPLICANT

15 CRAWFORD STREET, SUITE 100, NEEDHAM, MA 02490

ADDRESS OF APPLICANT

for the maintenance of

COHEN DERMATOPATHOLOGY, PC DBA INFORM DIAGNOSTICS

NAME OF CLINICAL LABORATORY

15 CRAWFORD STREET, SUITE 100, NEEDHAM, MA 02490

ADDRESS OF CLINICAL LABORATORY

5063

FACILITY NUMBER

Classification: **FULL**

PATHOLOGY

Histopathology

Oral Pathology

CYTOGENETICS

LICENSE N^o **5063** is valid from **January 6, 2025** to **January 5, 2027** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES

None

ROBERT GOLDSFEIN, MD, PHD, COMMISSIONER OF PUBLIC HEALTH

JANUARY 30, 2025

DATE ISSUED

POST CONSPICUOUSLY