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 DERMATOPATHOLGY, PC
NAME OF APPLICANT

15 CRAWFORD STREET, STE 100, NEEDHAM, MA 02494
ADDRESS OF APPLICANT

for the maintenance of

COHEN DERMATOPATHOLOGY, PC DBA INFORM DIAGNOSTICS — **5650**
NAME OF CLINICAL LABORATORY — FACILITY NUMBER

15 ROLLING LANE, DOVER, MA 02030
ADDRESS OF CLINICAL LABORATORY

Classification: **FULL**

PATHOLOGY
Histopathology

LICENSE № **5650** is valid from **September 25, 2025** to **September 24, 2027** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES
None

ROBERT GOLDSTEIN, MD, PHD, COMMISSIONER OF PUBLIC HEALTH
SEPTEMBER 25, 2025
DATE ISSUED

POST CONSPICUOUSLY

DPH-HCQ-CLP 9/30/25