

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

37 DAVIS ROAD, CARLISLE, MA 01741

ADDRESS OF CLINICAL LABORATORY

5614

FACILITY NUMBER

Classification: **FULL**

PATHOLOGY

Histopathology

LICENSE N^o **5614** is valid from **May 30, 2025** to **May 29, 2027** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES

None

ROBERT GOLDSSTEIN, MD, PhD, COMMISSIONER OF PUBLIC HEALTH

MAY 30, 2025

DATE ISSUED

POST CONSPICUOUSLY