



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
**CENTER FOR HEALTH FACILITIES REGULATION**

*This is to certify that*  
**EXPRESSION PATHOLOGY INC DBA ONCOPLEX DIAGNOSTICS**  
**9600 MEDICAL CENTER DR STE 300 ROCKVILLE MD 20850**  
**License Number: LCO01052**

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

APPROVED SPECIALTY (IES)

*CHEMISTRY, Routine Chemistry,*

Handwritten signature of Seema Dixit.

*Seema Dixit, MS, MPH*  
*Chief, Center for Health Facilities Regulations*

*Expires: 12/30/2018*

Handwritten signature of Nicole Alexander-Scott.

*Nicole Alexander-Scott, MD, MPH*  
*Director of Health*

*Issued: 11/01/2016*