

# CLINICAL LABORATORY PERMIT

## DEPARTMENT OF HEALTH

*Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:*

Laboratory Identification Number: 030784

AUTHORIZED CATEGORIES:

Name and Director of Laboratory:

TISSUE PATHOLOGY  
CYTOGENETICS

IKONISYS INC  
ROBERT J WALAT, MD  
5 SCIENCE PARK  
NEW HAVEN, CT 06511

Owner:

IKONISYS INC


Issued: August 15, 2008

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: August 15, 2009



Michael Huff  
Deputy Secretary for Health Planning and Assessment



Calvin B. Johnson, M.D., M.P.H.  
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY