

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

OXFORD IMMUNOTEC INC DBA IMUGEN

NAME OF APPLICANT

700 NICKERSON RD, STE 200, MARLBOROUGH, MA

ADDRESS OF APPLICANT

for the maintenance of

OXFORD IMMUNOTEC INC DBA IMUGEN

NAME OF CLINICAL LABORATORY

315 NORWOOD PARK SOUTH, NORWOOD, MA

ADDRESS OF CLINICAL LABORATORY

5889

FACILITY NUMBER

Classification: FULL

MICROBIOLOGY

Bacteriology

Parasitology

IMMUNOLOGY

Non-Syphilis

LICENSE N° **5889** is valid from October 6, 2016 to October 5, 2018 subject to revocation for cause.

COLLECTION STATIONS

None

MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

OCTOBER 6, 2016

DATE ISSUED

POST CONSPICUOUSLY