

CLINICAL LABORATORY PERMIT



pennsylvania
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: 030863



AUTHORIZED CATEGORIES:

TISSUE PATHOLOGY
CYTOGENETICS

Name and Director of Laboratory:

COMBIMATRIX MOLECULAR DIAGNOSTICS
SHELLY R GUNN, MD
310 GODDARD
SUITE 150
IRVINE, CA 92618

Owner:

COMBIMATRIX CORPORATION

Issued: June 17, 2011

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

DATE EXPIRES: August 15, 2012

Eli N. Avila, MD, JD, MPH, FCLM
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY