

# 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

STRATA PATHOLOGY SERVICES, INC DBA STRATA DX

NAME OF APPLICANT

ONE CRANBERRY HILL, SUITE 105, LEXINGTON, MA 02421

ADDRESS OF APPLICANT

for the maintenance of

STRATA PATHOLOGY SERVICES, INC DBA STRATA DX

NAME OF CLINICAL LABORATORY

ONE CRANBERRY HILL, SUITE 105, LEXINGTON, MA 02421

ADDRESS OF CLINICAL LABORATORY

**5174**

FACILITY NUMBER

Classification: **FULL**

PATHOLOGY

Histopathology

Oral Pathology

LICENSE N<sup>o</sup> **5174** is valid from **March 9, 2025** to **March 8, 2027** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES

None

ROBERT GOLDSTEIN, MD, PhD, COMMISSIONER OF PUBLIC HEALTH

**MARCH 9, 2025**

DATE ISSUED

POST CONSPICUOUSLY

DPH-HCQ-CLP 3/12/25