

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: 39678

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

CLINICAL CHEMISTRY

TISSUE PATHOLOGY

Cytogenetics

**PRAXIS GENOMICS LLC
PETER L. NAGY, M.D.
6115 PEACHTREE DUNWOODY RD, SUITE 220
ATLANTA, GA 30328**

Owner:

PETER L. NAGY, MD

ISSUE DATE: August 15, 2025

DATE EXPIRES: August 15, 2026

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
Acting Secretary of Health**

DISPLAY THIS CERTIFICATE PROMINENTLY

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

**PRAXIS GENOMICS LLC
PETER L. NAGY, M.D.
6115 PEACHTREE DUNWOODY RD, SUITE 220
ATLANTA, GA 30328**