



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

**STATE OF GEORGIA
CLINICAL LABORATORY LICENSE**

This is to certify that a license is hereby granted to _____

PETER L. NAGY

(Name of Governing Body)

to maintain and operate a Clinical Laboratory located at _____

6115 PEACHTREE- DUNWOODY ROAD; ATLANTA, GA 30328

(Address)

named as _____

PRAXIS GENOMICS

(Name of Facility)

Pursuant to the terms of the Georgia Clinical Laboratory Licensure Law (Georgia Laws of 1970, p. 531 as amended), the above names facility is hereby licensed to function as a clinical laboratory, at address shown, for purposes of performing tests in the following categories or subcategories of procedures:

**GENETICS/CYTOGENETICS
INHERITED DISORDER TESTING**

This license is effective March 22, 2021 and remains in effect unless revoked or suspended. This permit is granted pursuant to the authority vest in the Department of Community Health, official code of Georgia, Title 31, Chapter 5, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued.

Laboratory Director: **PETER NAGY**

License number: **060-434**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

This license is not transferable

HEALTHCARE FACILITY REGULATION DIVISION

Melanie Simon, Division Chief