



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
**CENTER FOR HEALTH FACILITIES REGULATION**

*This is to certify that CELLULAR TECHNOLOGY LIMITED*  
**20521 CHAGRIN BOULEVARD**  
**SHAKER HEIGHTS, OH 44122**  
**License Number: LCO01323**

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

APPROVED SPECIALTY (IES)

*DIAGNOSTIC IMMUNOLOGY, General Immunology,*

A handwritten signature in black ink that reads "Stephen Morris".

Stephen Morris  
Associate Director  
Division of Customer Service

A handwritten signature in black ink that reads "Nicole Alexander-Scott".

Nicole Alexander-Scott, MD, MPH  
Director of Health

**Expires: 12/30/2020**

**Issued: 08/29/2019**

**License Owner: CELLULAR TECHNOLOGY LIMITED**