

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

ASSOCIATES OF CAPE COD, INC D/B/A BEACON DIAGNOSTICS LABORATORY

NAME OF APPLICANT

124 BERNARD E ST JEAN DRIVE, EAST FALMOUTH, MA 02536

ADDRESS OF APPLICANT

for the maintenance of

BEACON DIAGNOSTICS LABORATORY

NAME OF CLINICAL LABORATORY

124 BERNARD E ST JEAN DRIVE, EAST FALMOUTH, MA 02536

ADDRESS OF CLINICAL LABORATORY

5138

FACILITY NUMBER

Classification: **FULL**

MICROBIOLOGY

Mycology

LICENSE N^o **5138** is valid from **August 14, 2024** to **August 13, 2026** subject to revocation for cause.

COLLECTION STATIONS/SATELLITES

None

ROBERT GOLDSTEIN, MD, PhD, COMMISSIONER OF PUBLIC HEALTH

AUGUST 14, 2024

DATE ISSUED

POST CONSPICUOUSLY