

# 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

ASSOCIATES OF CAPE COD, INC

NAME OF APPLICANT

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

ADDRESS OF APPLICANT

for the maintenance of

BEACON DIAGNOSTICS LABORATORY

NAME OF CLINICAL LABORATORY

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

ADDRESS OF CLINICAL LABORATORY

**5138**

FACILITY NUMBER

Classification: **FULL**

MICROBIOLOGY

Mycology

LICENSE N<sup>o</sup> **5138** is valid from **August 14, 2018** to **August 13, 2020** subject to revocation for cause.

COLLECTION STATIONS

None

MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

**AUGUST 14, 2018**

DATE ISSUED

POST CONSPICUOUSLY