

# 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:** 36110

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

CLINICAL CHEMISTRY

INIVATA, INC  
NATHAN D MONTGOMERY, M.D.  
8 DAVIS DRIVE, SUITE 120  
DURHAM, NC 27709

**Owner:**

INIVATA, INC

**ISSUE DATE:** August 15, 2024

**DATE EXPIRES:** August 15, 2025

*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.**

**INIVATA, INC**  
**NATHAN D MONTGOMERY, M.D.**  
**PO BOX 14808**  
**RESEARCH TRIANGLE PARK, NC 27709**