



Dear Laboratory Director:

Attached below is your clinical laboratory license.
Your license is void after the expiration date below.

Expiration Date: SEPTEMBER 14, 2010

MYRIAD GENETIC LABORATORIES, INC.
320 WAKARA WAY
SALT LAKE CITY, UT 84108

DISPLAY:

State law requires that the clinical laboratory license shall be conspicuously posted in the clinical laboratory.

CHANGE OF LABORATORY NAME, DIRECTOR, OWNER AND/OR ADDRESS:

State law requires that you notify this office **WITHIN 30 DAYS** of any change in ownership, name, location or laboratory directors. **YOUR LICENSE ALSO WILL BE AUTOMATICALLY REVOKED 30 DAYS AFTER A MAJOR OWNER AND/OR DIRECTOR CHANGE OCCURS.** Mail written notification of the above changes to the address indicated below:

California Department of Public Health
Laboratory Field Services, Facility Licensing Section
850 Marina Bay Parkway, Building P, 1st Floor
Richmond, CA 94804-6403

Thank you for your cooperation.

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State of California Department of Public Health
Clinical Laboratory License

In accordance with the provisions of Chapter 3, Division 2, of the Business and Professions Code, the persons named below are hereby issued a license authorizing operation of a clinical laboratory at the indicated address (or other sites) on file with the department.

MYRIAD GENETIC LABORATORIES, INC.
320 WAKARA WAY
SALT LAKE CITY, UT 84108

OWNER(S):

MYRIAD GENETICS, INC.
GREGORY(PRESI) CRITCHFIELD MD
JAMES EVANS
RICHARD MARSH

DIRECTOR(S):

BENJAMIN B ROA PHD
MICHAEL RHODE MD
KARLA R BOWLES PHD
DEBORA MANCINI-DINARDO PHD

CLIA Number: 46D0880690
Lab ID Number: COS 800169
Effective Date: SEPTEMBER 15, 2009
Valid Until: SEPTEMBER 14, 2010

Karen L. Nickel
Karen L. Nickel, Chief
Laboratory Field Services