

DEPARTMENT OF HEALTH and HUMAN SERVICES



STATE OF MAINE

THIS IS TO CERTIFY THAT _____ NorDx _____ is hereby

Licensed to maintain and operate a _____ Medical Laboratory _____

to be known as _____ NorDx _____

located at _____ 301A US Route One _____ in _____ Scarborough _____, Maine

with the laboratory to provide testing in the following specialties:

Chemistry (Routine, Urinalysis, Toxicology, Endocrinology, Alpha-FetoProtein)	Histocompatibility (HLA testing)
Hematology (Routine, Coagulation, Flow Cytometry, Molecular Pathology)	Clinical Cytogenetics (FISH testing)
Pathology (Tissue, Oral, Diagnostic Cytology)	Immunology (Syphilis, General Immunology)
Microbiology (Bacteriology, Mycobacteriology, Mycology, Parasitology, Virology)	

Name of Director _____ Robert A. Carlson, MD _____

This license is issued under authority of 22 M.R.S.A., Section _____ §2011 et seq. _____, and remains in effect subject to compliance with the provisions of the said Title and the regulations of the Department adopted thereunder, effective

from _____ July 12, 2025 _____ to _____ July 11, 2027 _____

Issued _____ July 9, 2025 _____

A handwritten signature in blue ink, reading "Sara Gagne-Holmes".

Sara Gagne-Holmes, Commissioner

License No: **MEDLC001**