

**CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF ACCREDITATION**

**LABORATORY NAME AND ADDRESS**  
CIRION BIOPHARMA RESEARCH INC  
3150 DELAUNAY LAVAL  
QUEBEC H7L5E1  
CANADA

**CLIA ID NUMBER**  
99D2079197

**EFFECTIVE DATE**  
07/09/2022

**LABORATORY DIRECTOR**  
RICHARD MARCHAND M.D.

**EXPIRATION DATE**  
07/08/2024

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Monique Spruill*

Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

343 Certs2\_061422

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
VIROLOGY (140)	06/12/2020		
GENERAL IMMUNOLOGY (220)	07/09/2018		
ROUTINE CHEMISTRY (310)	07/09/2018		
URINALYSIS (320)	07/09/2018		
ENDOCRINOLOGY (330)	07/09/2018		
TOXICOLOGY (340)	06/22/2021		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.



# CLINICAL AND PUBLIC HEALTH 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.

## CIRION BIOPHARMA RESEARCH INC

3150 DELAUNAY ST,  
LAVAL, QC H7L 5E1



**STATE ID: CDS-00800886**

SCAN QR CODE TO VERIFY LICENSE  
OR VISIT: [www.cdph.ca.gov/LFS](http://www.cdph.ca.gov/LFS)

**EFFECTIVE DATE: 09/07/2022**

**EXPIRATION DATE: 09/06/2023**

**LICENSE TYPE:**

CLINICAL LABORATORY LICENSE

CERTIFICATE OF DEEMED STATUS

**OWNER/S:**

DESROCHERS, SYLVAIN  
DALLAIRE, LISE

**DIRECTOR/S:**

MARCHAND, RICHARD

**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 the laboratory owner and/or the director notify this office within 30 days of any change in ownership, name, location, or laboratory directors.

If this office is not notified, your license may be revoked 30 days after major Owner and/or Director change.

If your license is revoked, you must cease engaging in clinical laboratory practice and apply for a new laboratory license.

To make these changes or to submit a new application, visit our website: <https://www.cdph.ca.gov/LFS> (Go to Laboratory Facilities)

ROBERT J. THOMAS  
BRANCH CHIEF  
LABORATORY FIELD SERVICES



MARYLAND  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH CARE QUALITY

LABORATORIES AND TISSUE BANKS  
55 WADE AVE BLAND BRYANT BLDG  
CATONSVILLE, MD 21228-4663

**MEDICAL LABORATORY PERMIT**  
**NON - EXPIRING**

NUMBER: 2792      EFFECTIVE DATE: 07/09/2018

*Pursuant to the provisions of TITLE 17, subtitle 2, Health-General Article § 17-201 et seq.,  
Annotated Code of Maryland, this permit is issued to:*

**CIRION BIOPHARMA RESEARCH INC**  
**3150 DELAUNAY LAVAL QUEBEC CANADA H7L 5E1**  
**CATONSVILLE, MD 21228**

**Director: RICHARD MARCHAND**

**Owner:**

*For the performance of Medical Laboratory Tests in the following disciplines:*

**Immunology:**

General Immunology

**Chemistry:**

Endocrinology, Routine, Toxicology: Drugs of Abuse

**Hematology:**

Coagulation, Routine

CONTROL: 70575

*Patricia Tomsko May, MD*

Director

*Falsification of a license shall subject the perpetrator to criminal prosecution and the imposition of civil fines.*



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
*Center for Health Facilities Regulation*

*This is to certify that* **CIRION BIOPHARMA RESEARCH INC 3150 DELAUNAY LAVAL QUEBEC CANADA  
H7L 5 E1**

*License Number:* **LCO01213**

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

**APPROVED SPECIALTY (IES)**

**DIAGNOSTIC IMMUNOLOGY, General Immunology,  
CHEMISTRY, Routine Chemistry, Urinalysis, Endocrinology, Toxicology, HEMATOLOGY,**

Handwritten signature of Jennifer Olsen-Armstrong in cursive.

**Jennifer Olsen-Armstrong**  
Chief, Center for Health Facilities Regulation

**Expires: 12/30/2023**

**License Owner: CIRION BIOPHARMA RESEARCH INC**

Handwritten signature of Nicole Alexander-Scott in cursive.

**Nicole Alexander-Scott, MD, MPH**  
*Director of Health*

**Issued: 07/05/2018**

# New York State Department of Health

PFI: 9387

Clinical Laboratory Permit

CLIA: 99D2079197

CIRION Biopharma Research Inc.

3150 Delaunay

Laval QC H7L5E1 Canada

Director:  
Lise Dallaire, Ph.D.

Owner:  
Lise Dallaire and Sylvain Desrochers

is hereby authorized to perform laboratory procedures at the above location in the following categories in accordance with Article 5, Title V, Section 575 of the Public Health Law. This permit shall become void upon a change in the director, owner or location of the laboratory, and an application for a new permit shall be made to the Department.

*Cellular Immunology*  
*Non-Malignant Leukocyte Immunophenotyping*  
*Clinical Chemistry*  
*Diagnostic Immunology*  
*Diagnostic Services Serology*

*Endocrinology*  
*Hematology*  
*(limited to automated CBC, reticulocyte count, manual differential and review of peripheral blood smears, PT, PTT and fibrinogen testing)*

*Toxicology*  
*Clinical Toxicology-Qualitative Testing Only*  
*Urinalysis*

Renewal

Effective Date: July 1, 2023

Expiration Date: June 30, 2024

Subject to Revocation

Permit Not Transferable

POST CONSPICUOUSLY

Serial: LAP 173856

# 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: 36395**

**Name and Director of Laboratory:**

**CIRION BIOPHARMA RESEARCH INC.  
RICHARD MARCHAND, M.D.  
3150 DELAUNAY STREET  
LAVAL QC H7L5E1**

**AUTHORIZED CATEGORIES/TESTS:**

**CLINICAL CHEMISTRY  
HEMATOLOGY  
NON-SYPHILIS SEROLOGY  
URINALYSIS**

**Owner:**

**DR SYLVAIN DESROCHERS**

**ISSUE DATE: August 15, 2023**

**DATE EXPIRES: August 15, 2024**

*Debra L. Bogen MD*

**Debra L. Bogen, MD, FAAP  
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.**

**CIRION BIOPHARMA RESEARCH INC.  
RICHARD MARCHAND, M.D.  
3150 DELAUNAY STREET  
LAVAL QC H7L5E1 00000-0000**