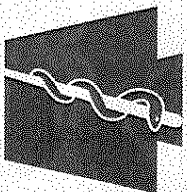


CLINICAL LABORATORY PERMIT



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: 031194



AUTHORIZED CATEGORIES:

Name and Director of Laboratory:

FAIRFAX CRYOBANK: PHILADELPHIA
DAVID S KARABINUS, PHD
3401 MARKET STREET #205
PHILADELPHIA, PA 19104

LEVEL III
HEMATOLOGY
SEMEN ANALYSIS

Owner:

GENETICS & IVF INSTITUTE

Issued: June 7, 2011

This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.

DATE EXPIRES: August 15, 2012

Eli N. Avila, MD, JD, MPH, FCLM
Secretary of Health

DISPLAY THIS CERTIFICATE PROMINENTLY