

# 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: 35373**

**AUTHORIZED CATEGORIES/TESTS:**

**CLINICAL CHEMISTRY**

**Name and Director of Laboratory:**

**BIODESIX, INC.  
DONALD J CHAFFIN, MD, M.D.  
219 TERRY AVE N, SUITE 100  
SEATTLE, WA 98109**

**Owner:**

**BIODESIX, INC.**

**ISSUE DATE: August 15, 2019**

**DATE EXPIRES: August 15, 2020**

**Rachel L. Levine, MD  
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.**

**BIODESIX, INC.**  
**DONALD J CHAFFIN, MD, M.D.**  
**219 TERRY AVE N, SUITE 100**  
**SEATTLE, WA 98109**