

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: 35303

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY

Cytogenetics

**NEOGENOMICS LABORATORIES, INC
MAYA THANGAVELU, PH.D.
30 RIVER PARK PL STE 400
FRESNO, CA 93720**

Owner:

NEOGENOMICS, INC

ISSUE DATE: August 15, 2020

DATE EXPIRES: August 15, 2021

**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.

**NEOGENOMICS LABORATORIES, INC
MAYA THANGAVELU, PH.D.
12701 COMMONWEALTH DRIVE STE 9
FORT MYERS, FL 33913**