

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: 36377

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY
Cytogenetics

GENOPTIX, INC.
DEREK D. LYLE
21312 FARADAY AVE
CARLSBAD, CA 92008

Owner:

NEOGENOMICS LABORATORIES, 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.

**GENOPTIX, INC.
DEREK D. LYLE
12701 COMMONWEALTH DRIVE, SUITE 9
ATTN: JESSICA GONZALEZ
FORT MYERS, FL 33913**