

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

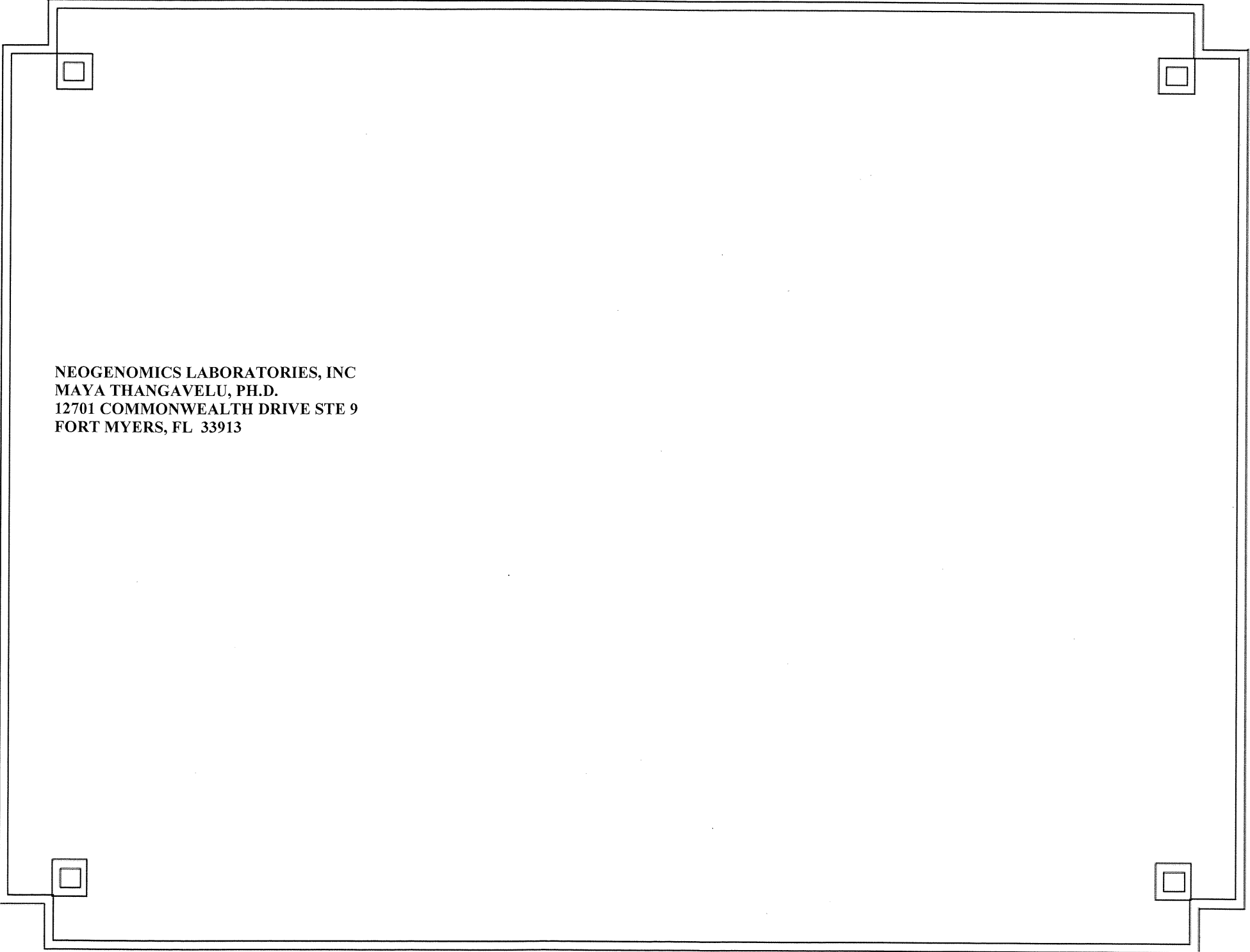
ISSUE DATE: August 15, 2019

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.



NEOGENOMICS LABORATORIES, INC
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FORT MYERS, FL 33913