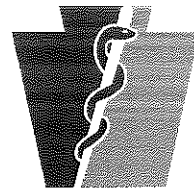


CLINICAL LABORATORY PERMIT



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: 30259A

AUTHORIZED CATEGORIES/TESTS:

TISSUE PATHOLOGY

Cytogenetics

Name and Director of Laboratory:

NEOGENOMICS LABORATORIES
JAMES C MIXON, M.D.
618 GRASSMERE PARK DRIVE #20
NASHVILLE, TN 37211

Owner:

-

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

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.