State of Tennessee



License No. 0000004061

DEPARTMENT OF HEALTH

DEI AITHVIENT OF FIEAETT	
This Is To Certify, that a license is hereby granted by the Tennessee Department of Health to:	
NEOGENOMICS LABORATORIES	
Medical Laboratory Director JAMES C. MIXON, M.D.	
Geonership Type CORPORATION	
To conduct and maintain a Medical Laboratory in the Specialty (ies) of:	
GENERAL IMMUNOLOGY (LIMITED) CLINICAL CYTOGENETICS	
CLINICAL GITOGENETICS	
On the premises located at 618 GRASSMERE PARK DR STE 20, NASHVILLE, TN 37211-3677	
Country of DAVIDSON	
This license shall expire. JANUARY 31 2024.	
This license shall be displayed in a conspicuous place where it may be viewed by the public.	
The holder of this license is subject to the provisions of T.E.A. Section 68-29-111 and	
regulations thereto. This license shall not be assignable or transferable and shall be	
subject to revocation at any time by the State Department of Health for failure to comply	
with the laws of the State of Tennessee or the rules and regulations of the State Department	
AGRICULTURE of Health issued thereunder.	
In Witness Whereof, we have hereunto set our hand and seal of the State	
this 19TH day of JANUARY 2023.	
By Junifu 1. Rothang Erg ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULAT	ION
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By Mules MILES By Commissioner, Department of Hea	
CHAIRMAN, MEDICAL LABORATORY BOARD COMMISSIONER, DEPARTMENT OF HEA	LTH