



State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
CENTER FOR HEALTH FACILITIES REGULATION

This is to certify that **NEOGENOMICS LABORATORIES INC.**
2173 SALK AVENUE
SUITE 300
CARLSBAD, CA 92008
License Number: LCO01533

is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.

APPROVED SPECIALTY (IES)

**DIAGNOSTIC IMMUNOLOGY, General Immunology,
CHEMISTRY, Routine Chemistry, HEMATOLOGY,
PATHOLOGY, Histopathology, CLINICAL GENETICS,**

Handwritten signature of Jennifer Olsen-Armstrong in black ink.

Jennifer Olsen-Armstrong
Chief, Center for Health Facilities Regulation

Handwritten signature of Nicole Alexander-Scott in black ink.

Nicole Alexander-Scott, MD, MPH
Director of Health

Expires: 12/30/2023

Issued: 02/18/2022

License Owner: NEOGENOMICS LABORATORIES INC



Department of Health
Three Capitol Hill
Providence, RI 02908-5097
TTY: 711
www.health.ri.gov

February 28, 2022

DUNCAN POLING
NEOGENOMICS LABORATORIES INC.
12701 COMMONWEALTH DRIVE
SUITE 9
FORT MYERS, FL 33913

**Re: Initial License Clinical Laboratory - Out-of-State
License Number LCO01533**

Dear Director/Administrator:

Your application has been reviewed and the results indicate that your facility/agency is in compliance with State Licensure requirements for Clinical Laboratory - Out-of-State.

In accordance with the provisions of Chapter 23-16.2 of the General Laws of Rhode Island, 1956, as amended, the Rhode Island Department of Health hereby issues this license effective from 02/18/2022 to 12/30/2023, authorizing the conduct and maintenance of a **Clinical Laboratory - Out-of-State** known and operated as _____

**NEOGENOMICS LABORATORIES INC.
2173 SALK AVENUE
SUITE 300
CARLSBAD, CA 92008**

Enclosed please find your License document to be posted in a conspicuous place on the licensed premises.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Olsen-Armstrong". The signature is written in a cursive, flowing style.

**Jennifer Olsen-Armstrong
Chief, Center for Health Facilities Regulation**

(401) 222-2566