

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: 35262

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

TISSUE PATHOLOGY

Cytogenetics

**NEOGENOMICS LABORATORIES, INC
JOHN R. MCGILL, PH.D.
13005 NORTH TELECOM PARKWAY, SUITE104
TEMPLE TERRACE, FL 33637**

Owner:

NEOGENOMICS, INC

ISSUE DATE: August 15, 2024

DATE EXPIRES: August 15, 2025

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
Acting 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
JOHN R. MCGILL, PH.D.
12701 COMMONWEALTH DRIVE STE 9
FORT MYERS, FL 33913