

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: 36452

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

NON-SYPHILIS SEROLOGY

TISSUE PATHOLOGY

Cytogenetics

**NEOGENOMICS LABORATORIES, INC.
XIN XU, M.D.
2800 CENTRURY PKWY, NE SUITE 250
ATLANTA, GA 30345**

Owner:

NEOGENOMICS, INC.

ISSUE DATE: August 15, 2023

DATE EXPIRES: August 15, 2024

Debra L. Bogen MD

**Debra L. Bogen, MD, FAAP
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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