

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

Name and Director of Laboratory:

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

AUTHORIZED CATEGORIES/TESTS:

NON-SYPHILIS SEROLOGY

Flow Cytometry

TISSUE PATHOLOGY

Cytogenetics

Owner:

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ISSUE DATE: August 15, 2024

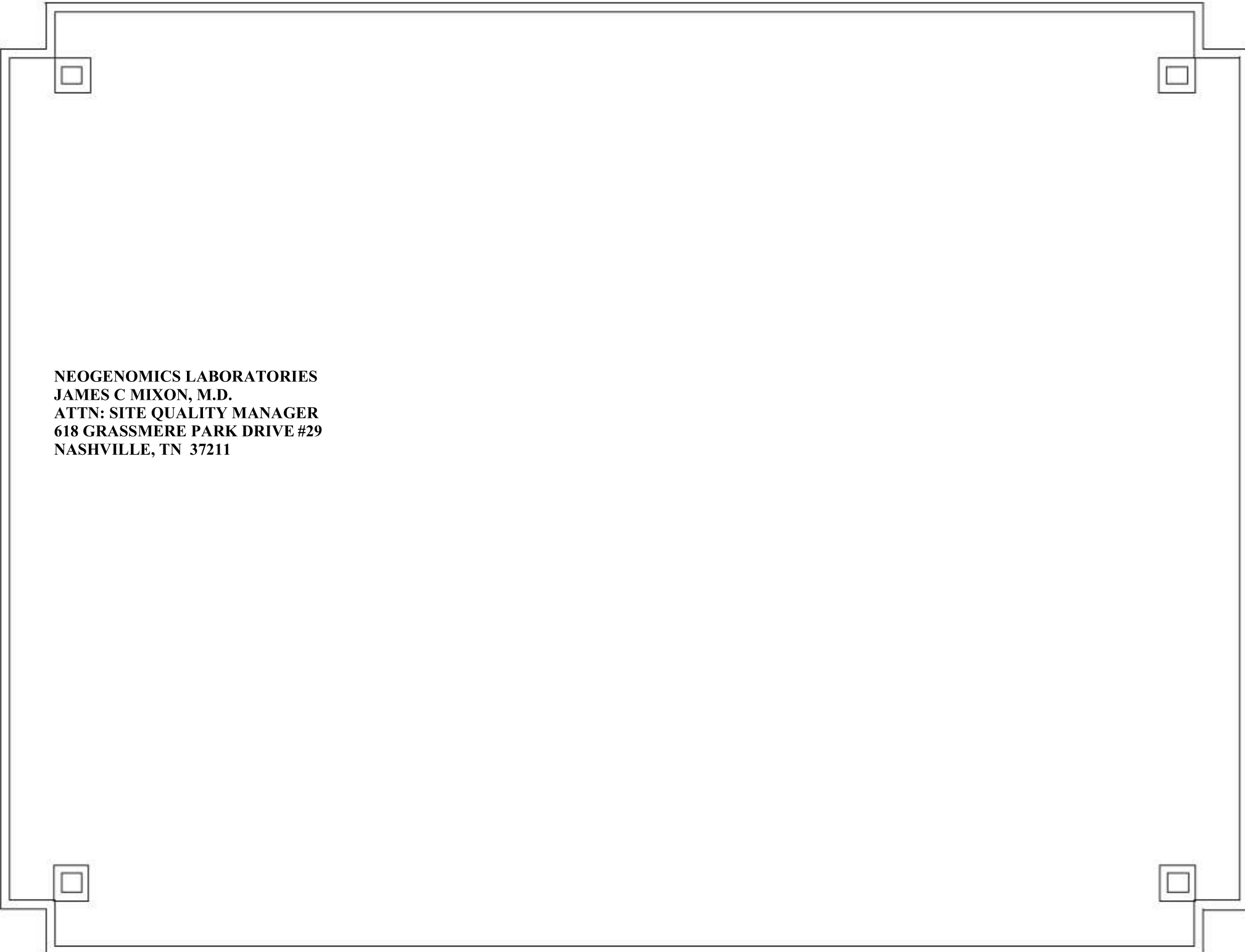
DATE EXPIRES: August 15, 2025

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
JAMES C MIXON, M.D.
ATTN: SITE QUALITY MANAGER
618 GRASSMERE PARK DRIVE #29
NASHVILLE, TN 37211**