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: 36110

Name and Director of Laboratory:

NEOGENOMICS LABORATORIES, INC.
ANAHIT NOWROUZI, M.D.
5 TRIANGLE DR
DURHAM, NC 27713

Owner:

NEOGENOMICS LABORATORIES, INC.

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027

AUTHORIZED CATEGORIES/TESTS:

CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY
Flow Cytometry

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.
ANAHIT NOWROUZI, M.D.
5 TRIANGLE DR
DURHAM, NC 27713