# 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**

**Name and Director of Laboratory:**

**NEOGENOMICS LABORATORIES, INC**
**JOHN R. MCGILL, PH.D.**
**13005 NORTH TELECOM PKWY**
**STE 104**
**TEMPLE TERRACE, FL 33637**

**Owner:**

**NEOGENOMICS, INC**

**ISSUE DATE: August 15, 2026**

**DATE EXPIRES: August 15, 2027**

**AUTHORIZED CATEGORIES/TESTS:**

**TISSUE PATHOLOGY**
Cytogenetics

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**
**JOHN R. MCGILL, PH.D.**
**12701 COMMONWEALTH DRIVE STE 9**
**FORT MYERS, FL  33913**