

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

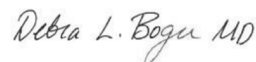
NEOGENOMICS LABORATORIES, INC
JOHN R. MCGILL, PH.D.
13005 NORTH TELECOM PKWY
STE 104
TEMPLE TERRACE, FL 33637

Owner:

NEOGENOMICS, INC

ISSUE DATE: August 15, 2026

DATE EXPIRES: August 15, 2027



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