



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
**OFFICE OF FACILITIES REGULATION**

*This is to certify that* **NEOGENOMICS LABORATORIES**  
**SUITE 150 6 MORGAN IRVINE CA 92618-1922**  
*License Number:* **LC000507**

*is hereby authorized to conduct and maintain an Out of State Clinical Laboratory in conformity with RIGL C23-16.2 and the standards, rules and regulations prescribed thereunder. This license is subject to biennial renewal unless sooner suspended or revoked for cause. The name on this license is the common name under which the licensee does business and may not reflect the legal license holder. Please call (401) 222-2566 for more information.*

**APPROVED SPECIALTY (IES)**

**DIAGNOSTIC IMMUNOLOGY, General Immunology  
PATHOLOGY, Histopathology, CLINICAL CYTOGENETICS**

A handwritten signature in black ink, appearing to read "Ray Rusin".

**Ray Rusin**  
**Chief, Office of Facilities Regulation**

**Expires: 12/30/2013**

A handwritten signature in black ink, appearing to read "Michael Fine".

**Michael Fine, MD**  
**Director of Health**

**Issued: 01/01/2008**