

# 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, 2025**

**DATE EXPIRES: August 15, 2026**

*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**