

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** 

**AUTHORIZED CATEGORIES/TESTS:** 

Name and Director of Laboratory:

CLINICAL CHEMISTRY
NON-SYPHILIS SEROLOGY
Flow Cytometry

NEOGENOMICS LABORATORIES, INC. NATHAN D MONTGOMERY, M.D. 5 TRIANGLE DR

**DURHAM, NC 27713** 

Owner:

NEOGENOMICS LABORATORIES, INC.

**ISSUE DATE: August 15, 2025** 

**DATE EXPIRES: August 15, 2026** 

Debra L. Bogu 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.

