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: 09003A

Name and Director of Laboratory:

MAYO CLINIC LABS-ROCHESTER MAIN CAMPUS WILLIAM G. MORICE II 200 FIRST STREET SW HILTON 530 ROCHESTER, MN 55905

Owner:

MAYO CLINIC

ISSUE DATE: August 15, 2018

DATE EXPIRES: August 15, 2019

AUTHORIZED CATEGORIES/TESTS:

BACTERIOLOGY
CLINICAL CHEMISTRY
EXFOLIATIVE CYTOLOGY
HEMATOLOGY
IMMUNOHEMATOLOGY
MYCOLOGY
NON-SYPHILIS SEROLOGY
PARASITOLOGY
TISSUE PATHOLOGY
URINALYSIS
VIROLOGY

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Rachel L. Levine, MD 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.