

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: 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, 2024

DATE EXPIRES: August 15, 2025

AUTHORIZED CATEGORIES/TESTS:

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

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.

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