

# 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: 36969**

**Name and Director of Laboratory:**

**MAYO CLINIC JACKSONVILLE CLINICAL LABORATORY  
JEFFREY DLOTT, M.D.  
4500 SAN PABLO RD  
JACKSONVILLE, FL 32224**

**Owner:**

**MAYO CLINIC JACKSONVILLE**

**ISSUE DATE: August 15, 2025**

**DATE EXPIRES: August 15, 2026**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
HEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
PARASITOLOGY  
SYPHILIS SEROLOGY  
TISSUE PATHOLOGY  
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.**

**MAYO CLINIC JACKSONVILLE CLINICAL LABORATORY**  
**JEFFREY DLOTT, M.D.**  
**4500 SAN PABLO RD**  
**JACKSONVILLE, FL 32224**