

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

AUTHORIZED CATEGORIES/TESTS:

Name and Director of Laboratory:

BACTERIOLOGY

MAYO CLINIC JACKSONVILLE CLINICAL LABORATORY

CLINICAL CHEMISTRY HEMATOLOGY

GRETCHEN JOHNS, M.D.

MYCOLOGY

NON-SYPHILIS SEROLOGY

4500 SAN PABLO RD

PARASITOLOGY

JACKSONVILLE, FL 32224

SYPHILIS SEROLOGY TISSUE PATHOLOGY

Owner:

URINALYSIS VIROLOGY

MAYO CLINIC JACKSONVILLE

ISSUE DATE: August 15, 2022

DATE EXPIRES: August 15, 2023

Denise Johnson MD, FACOG, FACHE **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.

