

# 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

**AUTHORIZED CATEGORIES/TESTS:**

**Name and Director of Laboratory:**

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

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

**Owner:**

MAYO CLINIC JACKSONVILLE

**ISSUE DATE:** August 15, 2024

**DATE EXPIRES:** August 15, 2025

*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.**