

# 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, 2021

**DATE EXPIRES:** August 15, 2022

**AUTHORIZED CATEGORIES/TESTS:**

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

Allison V. Beam  
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.