

**Company Name**

Cliniqon

**City**

Tampa

**State**

FL

**Contact Name (First and Last)**

cliniqon cliniqon

**Email**

[social@cliniqon.com](mailto:social@cliniqon.com)

**Phone**

(180) 082-6247

**Website**

<https://cliniqon.com/>

**Do you have a UF Supplier ID?**

Unknown

**Is the owner a UF alum?**

Unknown

**General Description of Services**

- Healthcare or Medical Research Experimentation Services