



New Jersey Department of Health  
 DIVISION OF PUBLIC HEALTH AND ENVIRONMENTAL LABORATORIES  
**CLINICAL LABORATORY LICENSE**

No. **00043028**



The following, pursuant to Chapter 166, P.L. of 1975, is hereby authorized to perform the below indicated services:  
 BIO-REFERENCE LABORATORIES INC. -  
 481 EDWARD H. ROSS DR  
 ELMWOOD PARK, NJ 07407

CLIS ID: **0000283**  
 Effective: 01/01/2017  
 To: 12/31/2017

**AUTHORIZED SERVICES**

<input checked="" type="checkbox"/> Urinalysis	<input checked="" type="checkbox"/> Mycology	<input checked="" type="checkbox"/> Chemistry
<input checked="" type="checkbox"/> Bacteriology	<input type="checkbox"/> Class I	<input type="checkbox"/> Limited
<input type="checkbox"/> Limited	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III
<input checked="" type="checkbox"/> Mycobacteriology	<input type="checkbox"/> Class IV	<input type="checkbox"/> Class IV
<input type="checkbox"/> Class I	<input checked="" type="checkbox"/> Virology	<input checked="" type="checkbox"/> Endocrinology
<input type="checkbox"/> Class II	<input checked="" type="checkbox"/> Diagnostic Immunology	<input checked="" type="checkbox"/> Toxicology
<input checked="" type="checkbox"/> Class III	<input checked="" type="checkbox"/> Syphilis Serology	<input checked="" type="checkbox"/> Cytology
<input type="checkbox"/> Class IV	<input checked="" type="checkbox"/> General Immunology	<input type="checkbox"/> Collection Station Only
<input checked="" type="checkbox"/> Parasitology	<input type="checkbox"/> Hematology	<input checked="" type="checkbox"/> Cytogenetics and/or Tissue Typing
<input type="checkbox"/> Limited	<input type="checkbox"/> Limited	<input type="checkbox"/> Collection Station Performing Waived Tests Only
	<input checked="" type="checkbox"/> Immunohematology	<input type="checkbox"/> Other
	<input type="checkbox"/> Group and Type Only	<input type="checkbox"/> Limited

TO BE CONSPICUOUSLY DISPLAYED AT LABORATORY

COMMISSIONER OF HEALTH