

The Commonwealth of Massachusetts

DEPARTMENT OF



PUBLIC HEALTH

DIVISION OF HEALTH CARE FACILITY LICENSURE AND CERTIFICATION

CLINICAL LABORATORY LICENSE

In accordance with the provisions of the General Laws, Chapter 111D and regulations established thereunder, a license is hereby granted to

BIOREFERENCE LABORATORIES INC

NAME OF APPLICANT

481 EDWARD H. ROSS DR, ELMWOOD PARK, NJ

ADDRESS OF APPLICANT

for the maintenance of

BIOREFERENCE LABORATORIES INC

NAME OF CLINICAL LABORATORY

25 BIRCH STREET BLDG C 3RD FL, MILFORD, MA

ADDRESS OF CLINICAL LABORATORY

5068

FACILITY NUMBER

Classification: FULL

CYTOGENETICS

LICENSE N° 5068 is valid from August 7, 2015 to August 5, 2017 subject to revocation for cause.

COLLECTION STATIONS

None


MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

AUGUST 7, 2015

DATE ISSUED

POST CONSPICUOUSLY