



New Jersey Department of Health  
 DIVISION OF PUBLIC HEALTH AND ENVIRONMENTAL LABORATORIES



**CLINICAL LABORATORY LICENSE**

No. **00037975**

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: 01/01/2016  
 To: 12/31/2016

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



New Jersey Department of Health  
 DIVISION OF PUBLIC HEALTH AND ENVIRONMENTAL LABORATORIES



**CLINICAL LABORATORY LICENSE**

No. **00037968**

The following, pursuant to Chapter 166, P.L. of 1975, is hereby authorized to perform the below indicated services:

BIO-REFERENCE LABORATORIES INC - AT REGIONAL CANCER CARE ASSOCIATES  
 1ST FLOOR  
 92 SECOND ST  
 HACKENSACK, NJ 07601

**CLIS ID: 0006562**  
 Effective: 01/01/2016  
 To: 12/31/2016

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