



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



**CLINICAL LABORATORY LICENSE**

No. **00047715**

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

CLINICAL GENOMICS PATHOLOGY INC. -  
BUILDING G, SUITE 100  
1031 US HIGHWAY 202/206  
BRIDGEWATER, NJ 08807

**CLIS ID: 0010786**

Effective: 01/01/2018

To: 12/31/2018

**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 checked="" type="checkbox"/> Limited CEA                          |
| <input type="checkbox"/> Limited          | <input type="checkbox"/> Class II              |                                                                          |
|                                           | <input type="checkbox"/> Class III             |                                                                          |
|                                           | <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 type="checkbox"/> Hematology            | <input checked="" type="checkbox"/> Cytogenetics and/or Tissue Typing    |
| <input type="checkbox"/> Parasitology     | <input type="checkbox"/> Limited               | <input type="checkbox"/> Collection Station Performing Waived Tests Only |
| <input type="checkbox"/> Limited          |                                                | <input type="checkbox"/> Other                                           |
|                                           | <input type="checkbox"/> Immunohematology      | <input type="checkbox"/> Limited                                         |
|                                           | <input type="checkbox"/> Group and Type Only   |                                                                          |

TO BE CONSPICUOUSLY DISPLAYED AT LABORATORY

COMMISSIONER OF HEALTH