



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



CLINICAL LABORATORY LICENSE

No. **00052713**

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

GENOSITY -
SUITE 110
485F ROUTE 1 SOUTH
ISELIN, NJ 08830

CLIS ID: 0011655
Effective: 01/01/2019
To: 12/31/2019

AUTHORIZED SERVICES

- | | | |
|---|---|--|
| <input type="checkbox"/> Urinalysis | <input type="checkbox"/> Mycology | <input type="checkbox"/> Chemistry |
| <input 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 type="checkbox"/> Class IV | |
| <input type="checkbox"/> Mycobacteriology | <input type="checkbox"/> Virology | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Class I | <input checked="" 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 checked="" 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"/> 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