



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



**CLINICAL LABORATORY LICENSE**

No. **00061048**

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

QUEST DIAGNOSTICS INC - ANATOMIC PATHOLOGY  
 800 BUSINESS CENTER DR  
 HORSHAM, PA 19044

CLIS ID: **0001722**

Effective: 1/1/2021

To: 12/31/2021

**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"/> 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 checked="" 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 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