



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



**CLINICAL LABORATORY LICENSE**

No. **00059915**

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

INTERPACE PHARMA SOLUTIONS -  
2ND FLOOR  
201 ROUTE 17 NORTH  
RUTHERFORD, NJ 07070

**CLIS ID: 0013850**

Effective: 11/12/2019

To: 12/31/2020

**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"/> Immunochemistry                  | <input type="checkbox"/> Other                                           |
|                                           | <input type="checkbox"/> Group and Type Only              | <input type="checkbox"/> Limited                                         |

TO BE CONSPICUOUSLY DISPLAYED AT LABORATORY

COMMISSIONER OF HEALTH