



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



CLINICAL LABORATORY LICENSE

No. **00056662**

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

COOPERGENOMICS -
 SUITE 301
 3 REGENT ST
 LIVINGSTON, NJ 07039

CLIS ID: **0011111**
 Effective: 01/01/2020
 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"/> 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 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