



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



CLINICAL LABORATORY LICENSE

No. **00061004**

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

IGENOMIX -
SUITE 270
30 MONTGOMERY ST
JERSEY CITY, NJ 07302

CLIS ID: **0012305**

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"/> 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 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"/> 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