



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



**CLINICAL LABORATORY LICENSE**

No. **00061293**

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

ACULABS INC -  
3RD FLOOR  
2 KENNEDY BLVD  
EAST BRUNSWICK, NJ 08816

CLIS ID: **0002827**

Effective: 1/1/2021

To: 12/31/2021

**AUTHORIZED SERVICES**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Urinalysis           | <input type="checkbox"/> Mycology                         | <input checked="" type="checkbox"/> Chemistry                            |
| <input checked="" 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"/> Mycobacteriology                | <input type="checkbox"/> Class IV                         | <input checked="" type="checkbox"/> Endocrinology                        |
| <input type="checkbox"/> Class I                         | <input checked="" type="checkbox"/> Virology              | <input checked="" type="checkbox"/> Toxicology                           |
| <input type="checkbox"/> Class II                        | <input checked="" type="checkbox"/> Diagnostic Immunology | <input type="checkbox"/> Cytology  |
| <input type="checkbox"/> Class III                       | <input checked="" type="checkbox"/> Syphilis Serology     | <input type="checkbox"/> Collection Station Only                         |
| <input type="checkbox"/> Class IV                        | <input checked="" type="checkbox"/> General Immunology    | <input type="checkbox"/> Cytogenetics and/or Tissue Typing               |
| <input checked="" type="checkbox"/> Parasitology         | <input checked="" type="checkbox"/> Hematology            | <input type="checkbox"/> Collection Station Performing Waived Tests Only |
| <input checked="" type="checkbox"/> Limited GIEMSA BLOOD | <input type="checkbox"/> Limited                          | <input type="checkbox"/> Other   |
| <input type="checkbox"/> SMEAR,FECAL SUSPENSION          | <input type="checkbox"/> Immunohematology                 | <input type="checkbox"/> Limited   |
|  | <input type="checkbox"/> Group and Type Only              |  |

TO BE CONSPICUOUSLY DISPLAYED AT LABORATORY

COMMISSIONER OF HEALTH