



NEW JERSEY DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH & ENVIRONMENTAL  
LABORATORIES

CLINICAL LABORATORY IMPROVEMENT SERVICES

**BLOOD BANK LICENSE**



**BLOOD BANK CODE:**

**LICENSE #:**

**EFFECTIVE DATE:**

**EXPIRATION DATE:**

The above, pursuant to N.J.S.A. 26:2A-2 et seq., is hereby authorized to perform the below indicated services:

The blood bank is only authorized to perform the individual tests/sub-services within the above services as approved by the Department per an initial application and subsequent test/sub-service expansion requests effective the date of this license.

This license must be conspicuously displayed in the Blood Bank. License is not transferable.