



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



**CLINICAL LABORATORY LICENSE**

No. **00057356**

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

AMMON ANALYTICAL LABORATORY -  
 35 E BLANCKE ST  
 LINDEN, NJ 07036

CLIS ID: **0000205**  
 Effective: 01/01/2020  
 To: 12/31/2020

**AUTHORIZED SERVICES**

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Urinalysis | <input type="checkbox"/> Mycology                         | <input checked="" type="checkbox"/> Chemistry                            |
| <input type="checkbox"/> Bacteriology          | <input type="checkbox"/> Class I                          | <input type="checkbox"/> Limited   |
| <input type="checkbox"/> Limited               | <input type="checkbox"/> Class III                        |  |
|  | <input type="checkbox"/> Class II                         |  |
|  | <input type="checkbox"/> Class IV                         |  |
| <input type="checkbox"/> Mycobacteriology      | <input type="checkbox"/> Virology                         | <input checked="" type="checkbox"/> Endocrinology                        |
| <input type="checkbox"/> Class I               | <input checked="" type="checkbox"/> Diagnostic Immunology | <input checked="" type="checkbox"/> Toxicology                           |
| <input type="checkbox"/> Class II              | <input checked="" 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 checked="" type="checkbox"/> Hematology            | <input 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