

**New Jersey Department of Health
Clinical Laboratory Improvement Services
PO Box 361
Trenton, NJ 08625-0361**

**APPLICATION FOR A CLINICAL
LABORATORY LICENSE
(COLLECTION STATION ONLY-\$200)**

Type of Application <input type="checkbox"/> Initial <input type="checkbox"/> Renewal
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FOR STATE USE ONLY:	Date Received	Received By	<input type="checkbox"/> Approved
	Check Number	Amount	Check Date

Name of Collection Station	Name of Parent Lab
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
CLIS ID Number	Normal Hours of Operation of Collection Station [Indicate specific hours <u>EACH</u> day]: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____
Name of Contact Person	
Telephone Number ()	
Fax Number ()	
E-Mail Address	

PHYSICAL PLANT

- Location of Collection Station
 Store Residence Mobile Physician Office Professional Building
 Other, specify: _____
- Are quarters shared with any other enterprise? Yes No
 If yes, specify: _____
- Does collection station have private entrance and exit? Yes No
- Do you have a lease/rental agreement Yes No
 If yes, please enclose a copy of the lease/rental agreement, and a scale floor plan of the Collection Station that illustrates the relationship between the Collection Station and any other health services purveyor(s).
- Is the Collection Station open to the general public? Yes No
- Is there a sign on the exterior of the building and is the laboratory's collection station listed on the building directory? Yes No

CERTIFICATION

We the undersigned certify that all the information given on this application and on the accompanying attachments is true, correct and complete as of this date and that notification, by certified mail, of any change(s) will be made within 14 days of such change(s).

We further certify that testing will not be performed until all applicable State and Federal certificates, licenses and required approvals have been obtained.

Signature of Director	Date
Signature of Owner	Date
Signature of Owner	Date
Signature of Owner	Date