

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

**BLOOD BANK LICENSE FEE**

Name and Address of Facility	Blood Bank License Fee
Blood Bank Code	\$ _____

*Your blood bank license fee has been calculated using the following fee schedule with your prior year's statistics, as submitted, and the services listed on your current Blood Bank License. Questions regarding your assessed fee should be referred to the Blood Bank Program at 609-406-6829 or 609-406-6826 before the assessed fee is submitted.*

**FEE SCHEDULE**

**COLLECTION SERVICES:**

<u>Number of Collections</u>	<u>Fee</u>
0 - 200.....	\$250.00
201 - 1,500.....	\$500.00
1,501 - 3,000.....	\$750.00
3,001 - 5,000.....	\$1,000.00
5,001 - 10,000.....	\$1,250.00
10,001 - 15,000.....	\$1,500.00
15,001 - 25,000.....	\$1,600.00
25,001 - 35,000.....	\$1,700.00
35,001 - 50,000.....	\$1,800.00
50,001 +.....	\$1,900.00

**TRANSFUSION SERVICES:**

<u>Number of Transfusions</u>	<u>Fee</u>
0 - 1,000.....	\$200.00
1,001 - 2,000.....	\$300.00
2,001 - 3,000.....	\$400.00
3,001 - 4,000.....	\$500.00
4,001 - 5,000.....	\$600.00
5,001 +.....	\$700.00

**OTHER BLOOD BANK SERVICES:**

<u>Type</u>	<u>Fee</u>
Collection Site.....	\$100.00
Broker .....	\$200.00
Industrial Blood Bank.....	\$200.00
Home Transfusion Service .....	\$200.00

The assessed license fee should be mailed with your Application for a Blood Bank License to the address listed in the Instructions for Completing an Application.

Checks or money orders should be made payable to the **"NEW JERSEY DEPARTMENT OF HEALTH"** and include the Blood Bank Code. You may also make your payment using the electronic payment link on the Clinical Laboratory Improvement Services website (<http://nj.gov/health/phel/clis.shtml>). Please include a copy of the Department of Health Payment Confirmation with the Application for a Blood Bank License.