



# Change of Specialty/Test

How to Request a Change in Specialty/Test with ALiS

NJDOH Clinical Laboratory Licensing Program

## Dear Clinical Laboratory Licensee,

Please ensure that you read the following instructions completely before initiating the process to add a specialty/test.

**Licensees must notify the Clinical Laboratory Licensing Program (CLLP) within 30 business days of any modifications to their non-waived test menu, whether additions or deletions. Failure to properly submit these requests may lead to delays in the review and approval process. Please be advised that licensees must obtain formal approval from CLLP prior to starting patient testing for any new test.**

### **ADD NEW SPECIALTY/TEST**

Items required to complete a specialty/test expansion request:


- An Official Request Letter from your Laboratory Director or Qualified Designee
  - Must include issuance date, laboratory name, CLIS ID #, specialties/tests to be added, and date director's/qualified designee's signature.
- Graded proficiency testing results
  - Must participate in off-cycle/pre-licensure events. If entirely inaccessible, a correlation (split sample) study with a licensed New Jersey clinical laboratory may be submitted. Contact [cllp@doh.nj.gov](mailto:cllp@doh.nj.gov) for correlation criteria.
  - For Laboratory Developed Tests (LDTs), the laboratory is required to submit the complete validation study. Contact [cllp@doh.nj.gov](mailto:cllp@doh.nj.gov) for validation criteria.

**\*\*Note:** Laboratories are required to actively participate in off-cycle or pre-licensure proficiency testing events whenever possible.

- Licensure fee (if applicable)
  - Additional fees may be incurred for the addition of new tests/specialties. An invoice will be generated by ALiS upon application submission.

**Step 1.** Log in to your account using the following website address:

<https://my.nj.gov/auil/Login>.



### Log In to myNewJersey

Login ID:

Password:

**Log In**

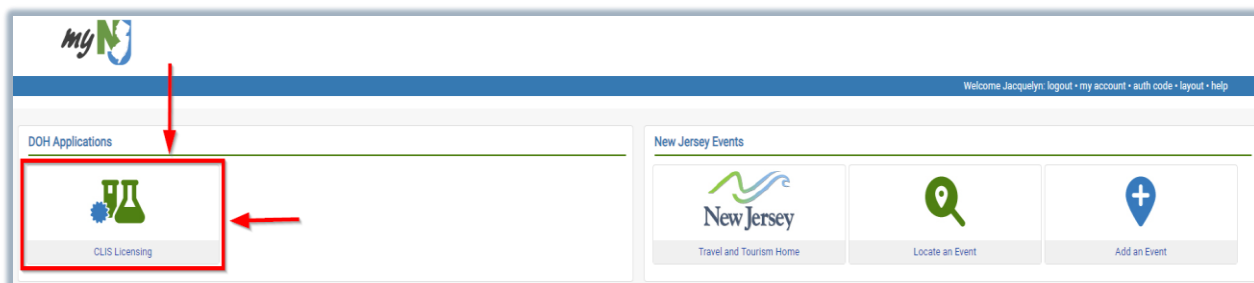
[Forgot your login ID?](#)  
[Forgot your password?](#)  
[Need help?](#)

If you need to register for Unemployment Benefits please go to [myunemployment.nj.gov](https://myunemployment.nj.gov). Unemployment services are only accessed through that site.

Otherwise, register for myNewJersey services here:

**Sign Up**

**Step 2.** Then click on the CLIS Licensing icon/link under DOH Applications.



**Step 3:** Click on the [Change of Specialty/Test](#) Module Link under the “What Do You Want To Do?” menu on your home page.



**Step 4:** Select [Add New Specialty/Test](#) as the application type then hit the “[Next](#)” button.

A screenshot of a web application form titled "Application Type". The form contains a section labeled "Which application would you like to apply?" with two radio button options: "Add New Specialty/Test" and "Remove Existing Specialty/Test". The "Add New Specialty/Test" option is selected and highlighted with a red rectangular box, and a red arrow points towards it from the right. Below the options are two buttons: "Reset" on the left and "Next" on the right. The "Next" button is highlighted with a red rectangular box, and a red arrow points towards it from the left.

**Step 5:** The laboratory's current active license(s) and related information will be automatically populated.

**Step 6:** To add tests to your menu, select the desired test(s) under each specialty by clicking the box to the left of the test name. After you have completed your selections, click the "Next" button to proceed. If you wish to clear your selections and begin again, use the "Reset" button.

If a test is not listed, please contact CLLP program directly by emailing [cllp@doh.nj.gov](mailto:cllp@doh.nj.gov).

<input checked="" type="checkbox"/> <b>VIROLOGY</b>		
<input type="checkbox"/> 2019-nCoV Coronavirus	<input type="checkbox"/> 2019-nCoV Coronavirus Waived	<input type="checkbox"/> Adenovirus Antigen
<input type="checkbox"/> Astrovirus	<input type="checkbox"/> BK virus by PCR technique	<input type="checkbox"/> Bocavirus
<input type="checkbox"/> chikungunya	<input type="checkbox"/> Coronavirus	<input type="checkbox"/> Coronavirus 229E
<input type="checkbox"/> Coronavirus HKU1	<input type="checkbox"/> Coronavirus NL63	<input type="checkbox"/> Coronavirus OC43
<input type="checkbox"/> Cocksackiervirus A&B (2 volumes)	<input type="checkbox"/> Cytomegalovirus (CMV)	<input type="checkbox"/> Dengue
<input type="checkbox"/> Ebola Viruses	<input type="checkbox"/> Echovirus	<input type="checkbox"/> Enterovirus
<input type="checkbox"/> Epstein-Barr	<input type="checkbox"/> Epstein-Barr Virus (EBV) DNA by PCR	<input type="checkbox"/> Epstein-Barr Virus DNA Quantitative Real-Time PCR
<input type="checkbox"/> HBV Genotyping	<input type="checkbox"/> HBV RDv2	<input type="checkbox"/> HCV
<input type="checkbox"/> Hepatitis-C Virus by Real-Time PCR	<input type="checkbox"/> Herpes Simplex	<input type="checkbox"/> Herpes Simplex Virus (Antigen Detection)
<input type="checkbox"/> Herpes Simplex Virus Culture	<input type="checkbox"/> HIV Viral Load	<input type="checkbox"/> HIV-1
<input type="checkbox"/> HPV 16/18	<input type="checkbox"/> HPV-ISH	<input type="checkbox"/> Human Herpesvirus
<input type="checkbox"/> Human Herpesvirus-6	<input type="checkbox"/> Human Metapneumovirus	<input type="checkbox"/> Human Papillomavirus (HPV)
<input type="checkbox"/> Human Rhinovirus/Enterovirus	<input type="checkbox"/> Influenza A	<input type="checkbox"/> Influenza A 2009 H1N1
<input type="checkbox"/> Influenza A/B with A subtyping	<input type="checkbox"/> Influenza B	<input type="checkbox"/> Influenza C
<input type="checkbox"/> Influenza Viruses	<input type="checkbox"/> Lyme Disease	<input type="checkbox"/> Measles Virus
<input type="checkbox"/> MERS	<input type="checkbox"/> Mumps Virus	<input type="checkbox"/> Norovirus, DNA
<input type="checkbox"/> Parainfluenza	<input type="checkbox"/> Parainfluenza Type 2 Antigen	<input type="checkbox"/> Parainfluenza Virus 1
<input type="checkbox"/> Parainfluenza Virus 2	<input type="checkbox"/> Parainfluenza Virus 3	<input type="checkbox"/> Parainfluenza Virus 4
<input type="checkbox"/> Parainfluenza Viruses	<input type="checkbox"/> Parechovirus	<input type="checkbox"/> Parvovirus B19 Antibodies
<input checked="" type="checkbox"/> Rapid Flu	<input type="checkbox"/> Respiratory Syncytial Viruses A&B(HRSVA/B)	<input type="checkbox"/> Rhinovirus
<input type="checkbox"/> Rotavirus Antigen	<input checked="" type="checkbox"/> RSV	<input checked="" type="checkbox"/> Rubella
<input checked="" type="checkbox"/> Rubeola	<input type="checkbox"/> Sapovirus	<input checked="" type="checkbox"/> Varicella-Zoster Virus
<input type="checkbox"/> Viral Antigen Detection	<input type="checkbox"/> Viral Isolation/Identification	<input type="checkbox"/> west nile virus
<input type="checkbox"/> XTAG Respiratory Virus Panel (RVP)	<input type="checkbox"/> Zika Virus	

**Step 7:** Carefully review each section, including Laboratory Information, Additional Information, and Attestation, to ensure accuracy. Use the "Next" button to save your entries and proceed to the next section. To return to a previous section, click the "Back" button.

**Add New Specialty/Test**

License Type : CLINICAL LABORATORY LICENSE ( Specialty(s)/Test requested to be added : VIROLOGY(Rubella,RSV,Rubeola,Rapid Flu,Varicella-Zoster Virus))

Laboratory Information Additional Information Attestation

Please review Information for accuracy.

**Laboratory Information**

Laboratory / Collection Station GOLDEN LABORATORY III

Site Name \*

Registered Legal Business Name

Federal Tax ID#

Ownership Type \* Corporate

**Primary Contact**

First Name \* HAILEY

Middle Name

Last Name \* GOLDEN

Role \* Administrator

Email \* alis-clis@doh.nj.gov

Phone \* 404-444-5454

**Parent Lab Information**

Name

Address

Reset

Navigation buttons: BACK, NEXT

To update the laboratory's information, please notify CLLP by emailing [cllp@doh.nj.gov](mailto:cllp@doh.nj.gov) prior to submitting your application. Ensure that your facility's name and CLIS ID number are included in the subject line or body of the email.

**Step 8:** Complete the additional information section by attaching the required scanned documents. Use the Document link (in blue) to upload the document. Then follow the instructions for uploading a document (in red). Note: The maximum file size for uploading is 5MB. For larger files, please email [cllp@doh.nj.gov](mailto:cllp@doh.nj.gov) for further instructions. Click on the “Next” button to save entries and move forward to the next section.

License Type : CLINICAL LABORATORY LICENSE ( Specialty(s)/Test requested to be added : VIROLOGY(Rubella,RSV,Rubeola,Rapid Flu,Varicella-Zoster Virus))

Laboratory Information Additional Information Attestation

MANDATORY REQUIRED DOCUMENT(S)

Instructions:  
You must attach at least one scanned document with each line item prior to submit the application. Click on Document(s) link to upload documents for an item.

Item #	Required Document Detail	Document(s)
1	Include an official request letter from your laboratory director or qualified designee.	<a href="#">Documents (0)</a>
2	Include documentation of successful participation in a CMS-approved proficiency testing program. If proficiency testing is unavailable, a correlation (split sample) study with a licensed New Jersey clinical laboratory may be submitted.	<a href="#">Documents (0)</a>

1 to 2 of 2 < < Page 1 of 1 > >

Reset

BACK NEXT

**Step 9:** Please ensure the application is thoroughly reviewed prior to submission. Complete the attestation by reading and then checking the box located to the left-side of the statement. The applicant must enter his or her name, select the date, and click on the [Submit Application](#) button. The [Back](#) button can be used to move back to the previous section.

License Type : CLINICAL LABORATORY LICENSE ( Specialty(s)/Test requested to be added : VIROLOGY(Rubella,RSV,Rubeola,Rapid Flu,Varicella-Zoster Virus))

Laboratory Information Additional Information Attestation

Attestation

You must check the following:

☐ I certify that the above information changes are correct to the best of my knowledge.

Name \*  Date \* 08/01/2025

Submit Application

BACK

BACK

**Step 10a:** If no additional fees are owed, a confirmation page will be displayed. **It is essential to print the application summary from this page.** Additionally, applicants should record their online transaction number for future reference. Applicants may also upload additional supporting documents by utilizing the documents link.

**Add New Specialty/Test Submitted**

**Confirmation**

Thank you for using our online services. Your **Add New Specialty/Test** has been successfully submitted. Your online transaction number is **64382**. Please use this transaction number for any future communication with us. We will review your application, and will contact you if we need additional information.

To View/Print application summary [Click Here](#)

**Check List**

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	License Type	Item	View/Attach	Item Status
1	All	Mandatory Required Document(s)	N/A	Pending Review
2	All	Additional Supporting Documents	<a href="#">Documents (0)</a>	N/A

[Return to Home](#) [Logout](#)

**Step 10b:** Additional fees may be incurred for the addition of new specialties/tests. ALiS will calculate the fee. The “[Fee Detail](#)” page will appear. It provides the fee details and the total fee owed for your specialty/test change. There are three options at the bottom of the page: “[Edit Application](#)”, “[Pay Now](#)”, and “[Submit Application and Pay By Check](#)”.

Please be advised that all fees are non-refundable. Kindly ensure the accuracy of all payments prior to submission.

**Fee Detail**

**Fee Details**

Licensing Fee (Fee per Specialty * No. of Licensed Specialties) No. of Full Time Employees: 1 No. of Part Time Employees Pro Rated to Full Time: 1 Fee per Specialty: \$200.00 No. of Licensed Specialties: 1	\$200.00
<b>Total Fee</b>	<b>\$200.00</b>

Do NOT push the “Pay Now” button more than once.  
Do not push the go back arrow using your browser. To review or update your application information click on “Edit Application”.  
Failure to comply with these instructions may result in multiple charges.

[Edit Application](#) [Pay Now](#) [Submit Application and Pay By Check](#)



## [Edit Application](#)

Allows the licensee to make modifications to the application.

## [Payment Options](#)

The “[Pay Now](#)” button facilitates electronic payments (ePayment) for the specialty/test change fee.

A) Selecting the credit card option redirects you to the State of New Jersey Payment Management Services webpage, where you will complete the customer billing and credit card information.

B) Selecting the [eCheck](#) option reveals an “[eCheck Information](#)” box. Complete the required information fully, then click on the “[Next](#)” button. You will be prompted to confirm the accuracy of the entered information. Click “[OK](#)” to proceed or “[Cancel](#)” to make changes.

C) The [submit application and pay by check](#) allows you to submit the specialty/test change request and then mail a paper check to CLLP. **Please issue checks payable to New Jersey Department of Health or NJDOH.**

**\*\*\*\*When submitting a paper check, please include a copy of the ALiS-generated invoice, along with the corresponding CLIS ID number. Non-compliance with these requirements may result in additional delays in the processing of specialty/test change requests.\*\*\*\***

**[For mailing or shipping paper checks, please use the following address options:](#)**

### **Return Address (USPS):**

NJDOH, Public Health & Environmental Laboratories  
ATTN: Joan Mikita  
Clinical Laboratory Licensing Program  
PO BOX 361  
Trenton, NJ 08625-0361

### **Return Address (FedEx/UPS):**

NJDOH, Public Health & Environmental Laboratories  
ATTN: Joan Mikita  
Clinical Laboratory Licensing Program  
3 Schwarzkopf Drive  
Ewing, NJ 08628

Upon submitting payment, a confirmation page will be displayed. **It is essential to print the payment receipt or invoice and the application summary from this page.** Additionally, applicants should record their online transaction number for future reference. Applicants may also upload additional supporting documents by utilizing the documents link.

Please be advised that once an application is submitted through ALiS, its status can be monitored within the "[View Pending Online Applications](#)" module. This module allows users to reprint their application summary and upload any supplementary documentation via the "[View Details](#)" function. Also note that the "[Withdraw](#)" function is currently disabled; therefore, users must contact CLLP directly ([cllp@doh.nj.gov](mailto:cllp@doh.nj.gov)) to withdraw a submitted application.

**Step 11:** Your application will be forwarded for review, and you will receive a confirmation email from ALiS acknowledging receipt. Upon approval by CLLP, you will receive a notification email, followed by correspondence containing an approval letter and, if applicable, an amended license.

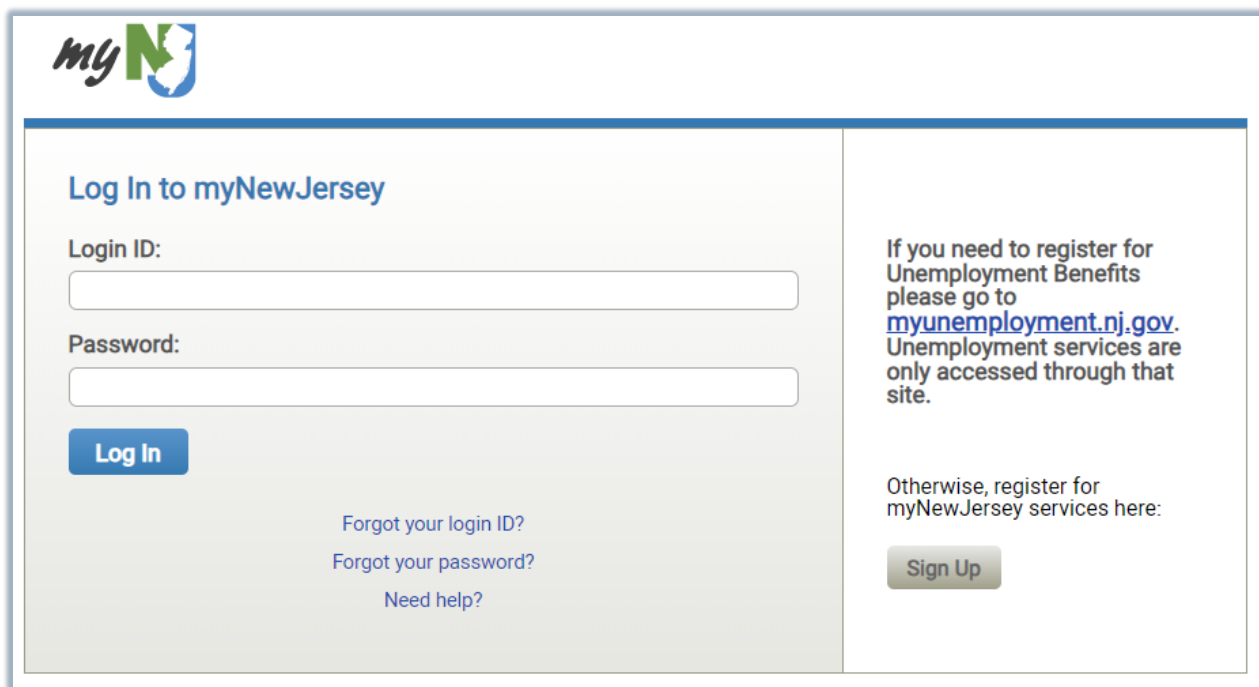
# REMOVE SPECIALTY/TEST

Items required to delete a specialty/test:

- An Official Request Letter from your Laboratory Director or Qualified Designee
  - Must include issuance date, laboratory name, CLIS ID #, specialties/ tests to be removed, effective date, and dated director's/qualified designee's signature.

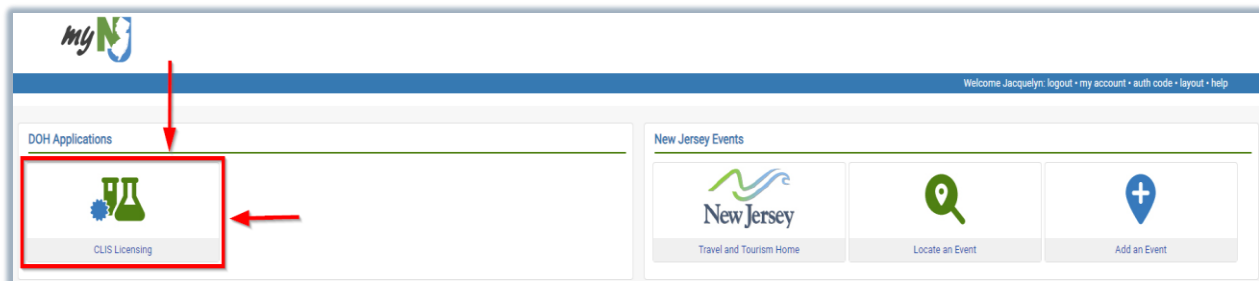
**Step 1.** Log in to your account using the following website address:

<https://my.nj.gov/auil/Login>.



The screenshot shows the 'Log In to myNewJersey' page. It features a login form with fields for 'Login ID:' and 'Password:', a 'Log In' button, and links for 'Forgot your login ID?', 'Forgot your password?', and 'Need help?'. To the right, there is a section for 'Unemployment Benefits' with a link to [myunemployment.nj.gov](https://myunemployment.nj.gov) and a 'Sign Up' button.

**Step 2.** Then click on the CLIS Licensing icon/link under DOH Applications.



**Step 3:** Click on the [Change of Specialty/Test](#) Module Link under the “What Do You Want To Do?” menu on your home page.



**Step 4:** Select [Remove Existing Specialty/Test](#) as the application type.

A screenshot of a web application form titled "Application Type". The form asks "Which application would you like to apply?" and has two radio button options: "Add New Specialty/Test" and "Remove Existing Specialty/Test". The "Remove Existing Specialty/Test" option is selected and highlighted with a red rectangular box, with a red arrow pointing to it. Below the options are two buttons: "Reset" on the left and "Next" on the right. The "Next" button is also highlighted with a red rectangular box, and a red arrow points to it from below.

**Step 5:** The laboratory's current active license(s) and related information will be automatically populated.

**Step 6:** To remove tests and/or specialties from your test menu, select “[Remove](#)” under the requested action dropdown menu. After you have completed your selections, click the “[Next](#)” button to proceed. If you wish to clear your selections and begin again, use the “[Reset](#)” button.

**Existing Information \***

License Type: CLINICAL LABORATORY LICENSE  
 License #: 10000051  
 License Status: Active  
 License Expiration Date: 12/31/2025  
 Restriction:

To remove an Specialty/Test, please change the requested action to "Remove".

Specialty/Test	Requested Action
BACTERIOLOGY	Do Not Remove
BACTERIOLOGY - Throat Culture	Do Not Remove
HEMATOLOGY	Do Not Remove
HEMATOLOGY - Automated WBC Differential	Do Not Remove
HEMATOLOGY - CBC (Complete Blood Count)	Do Not Remove
CHEMISTRY	Do Not Remove
CHEMISTRY - Albumin	Do Not Remove
CHEMISTRY - Amylase	Do Not Remove
CHEMISTRY - Acetone	Remove

[Reset](#) [Next](#)

**Step 7:** Carefully review each section, including Laboratory Information, Additional Information, and Attestation, to ensure accuracy. Use the “[Next](#)” button to save your entries and proceed to the next section. To return to a previous section, click the “[Back](#)” button.

**Remove Existing Specialty/Test**

License Type : CLINICAL LABORATORY LICENSE ( Specialty(s)/Test requested to be removed : Acetone,

[Laboratory Information](#) [Additional Information](#) [Attestation](#)

Please review Information for accuracy.

Fields marked with asterisk (\*) are required.

[< BACK](#) [NEXT >](#)

**Laboratory Information**

Laboratory / Collection Station: GOLDEN LABORATORY II

Site Name \*  
 Registered Legal Business Name  
 Federal Tax ID#  
 Ownership Type \*: Corporate

**Primary Contact**

First Name \*: HAILEY  
 Middle Name  
 Last Name \*: GOLDEN  
 Role \*: Person In charge  
 Email \*: alis-clis@doh.nj.gov  
 Phone \*: 404-444-5454

**Parent Lab Information**

Name  
 Address

[Reset](#) [< BACK](#) [NEXT >](#)

To update the laboratory's information, please notify Clinical Laboratory Licensing by emailing [cllp@doh.nj.gov](mailto:cllp@doh.nj.gov) prior to submitting your application. Ensure that your facility's name and CLIS ID number are included in the subject line or body of the email.

**Step 8:** Complete the additional information section by attaching the required scanned documents. Use the Document link (in blue) to upload the document. Then follow the instructions for uploading a document (in red). Note: The maximum file size for uploading is 5MB. For larger files, please email [cllp@doh.nj.gov](mailto:cllp@doh.nj.gov) for further instructions. Click on the “Next” button to save entries and move forward to the next section.

License Type : CLINICAL LABORATORY LICENSE ( Specialty(s)/Test requested to be removed : Acetone,

Laboratory Information Additional Information Attestation

**Mandatory Required Document(S)**

Instructions:  
You must attach at least one scanned document with each line item prior to submit the application. Click on Document(s) link to upload documents for an item.

Item #	Required Document Detail	Document(s)
1	Include an official request letter from your laboratory director or qualified designee.	<a href="#">Documents (1)</a>

1 to 1 of 1 < < Page 1 of 1 > >

Reset

BACK NEXT

BACK NEXT

**Step 9:** Please ensure the application is thoroughly reviewed prior to submission. Complete the attestation by reading and then checking the box located to the left-side of the statement. The applicant must enter his or her name, select the date, and click on the [Submit Application](#) button. The [Back](#) button can be used to move back to the previous section.

License Type : CLINICAL LABORATORY LICENSE ( Specialty(s)/Test requested to be removed : Acetone,

Laboratory Information Additional Information Attestation

**Attestation**

You must check the following:

☐ I certify that the above information changes are correct to the best of my knowledge.

Name \*

Date \* 08/05/2025

Submit Application

BACK

BACK

**Step 10:** After submitting the attestation, a confirmation page will be displayed. **It is essential to print the application summary from this page.** Additionally, applicants should record their online transaction number for future reference. Applicants may also upload additional supporting documents by utilizing the documents link.

**Remove Existing Specialty/Test Submitted**

**Confirmation**

Thank you for using our online services. Your **Remove Existing Specialty/Test** has been successfully submitted. Your online transaction number is **64384**. Please use this transaction number for any future communication with us. We will review your application, and will contact you if we need additional information.

To View/Print application summary: [Click Here](#)

**Check List**

If you have scanned copy of supporting documents, please click on the Documents link to upload.

Item #	License Type	Item	View/Attach	Item Status
1	All	Additional Supporting Documents	<a href="#">Documents (0)</a>	N/A

[Return to Home](#) [Logout](#)

Please be advised that once an application is submitted through ALiS, its status can be monitored within the "[View Pending Online Applications](#)" module. This module allows users to reprint their application summary and upload any supplementary documentation via the "[View Details](#)" function. Also note that the "[Withdraw](#)" function is currently disabled; therefore, users must contact CLLP directly ([cllp@doh.nj.gov](mailto:cllp@doh.nj.gov)) to withdraw a submitted application.

**Step 11:** Your application will be forwarded for review, and you will receive a confirmation email from ALiS acknowledging receipt. Upon approval by CLLP, you will receive a notification email, followed by a correspondence containing an amended license, if applicable.