



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

**CLINICAL LABORATORY LICENSE**

No. **00043541**



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

SI PARADIGM, LLC -  
 SUITE 2  
 25 RIVERSIDE DR  
 PINE BROOK, NJ 07058

CLIS ID: **0002026**  
 Effective: **01/01/2017**  
 To: **12/31/2017**

**AUTHORIZED SERVICES**

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