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CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF ACCREDITATION

041

LABORATORY NAME AND ADDRESS  
NJ ORGAN AND TISSUE SHARING NETWORK  
841 MOUNTAIN AVENUE  
SPRINGFIELD, NJ 07081

CLIA ID NUMBER  
31D0652894

EFFECTIVE DATE  
08/03/2009

LABORATORY DIRECTOR  
JUDY JUCO MD

EXPIRATION DATE  
08/02/2011

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures. This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Judith A. Yost*  
Judith A. Yost, Director  
Division of Laboratory Services  
Survey and Certification Group  
Center for Medicaid and State Operations

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If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective dates:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE
HISTOCOMPATIBILITY (010)	08/03/1999
BACTERIOLOGY (110)	05/24/2000
SYPHILIS SEROLOGY (210)	08/03/1999
GENERAL IMMUNOLOGY (220)	08/03/1999
ABO & RH GROUP (510)	08/03/1999
ANTIBODY TRANSFUSION (520)	08/03/1999
ANTIBODY IDENTIFICATION (540)	08/03/1999

LAB CERTIFICATION (CODE) EFFECTIVE DATE



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.HHS.GOV/CLIA](http://WWW.CMS.HHS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.