

The Commonwealth of Massachusetts



DEPARTMENT OF

PUBLIC HEALTH

DIVISION OF HEALTH CARE FACILITY LICENSURE AND CERTIFICATION

CLINICAL LABORATORY LICENSE

In accordance with the provisions of the General Laws, Chapter 111D and regulations established thereunder, a license is hereby granted to

NEW ENGLAND CRYOGENIC CENTER

NAME OF APPLICANT

153 NEEDHAM STREET, BUILDING 1, NEWTON, MA

ADDRESS OF APPLICANT

for the maintenance of

NEW ENGLAND CRYOGENIC CENTER

NAME OF CLINICAL LABORATORY

209 HARVARD STREET SUITE 203, BROOKLINE, MA

ADDRESS OF CLINICAL LABORATORY

5636

FACILITY NUMBER

Classification: FULL

HEMATOLOGY

Other Hematology

LICENSE N° **5636** is valid from April 1, 2015 to March 30, 2017 subject to revocation for cause.

COLLECTION STATIONS

None


MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

APRIL 1, 2015

DATE ISSUED

POST CONSPICUOUSLY