

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, INC

NAME OF APPLICANT

500 DONALD J LYNCH BLVD, MARLBOROUGH, MA 01752

ADDRESS OF APPLICANT

for the maintenance of

NEW ENGLAND CRYOGENIC CENTER, INC

NAME OF CLINICAL LABORATORY

500 DONALD J LYNCH BLVD, MARLBOROUGH, MA 01752

ADDRESS OF CLINICAL LABORATORY

5280

FACILITY NUMBER

Classification: **FULL**

MICROBIOLOGY

Bacteriology

Mycology

LICENSE N^o **5280** is valid from **April 30, 2017** to **April 29, 2019** subject to revocation for cause.

COLLECTION STATIONS

None


MONICA BHAREL, MD MPH COMMISSIONER OF PUBLIC HEALTH

APRIL 30, 2017

DATE ISSUED

POST CONSPICUOUSLY