

# 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<sup>o</sup> **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