



**New Jersey State Department of Health  
Division of Public Health and Environmental Laboratories  
BLOOD BANK LICENSE**

**XYTEX LABORATORIES  
1100 EMMETT STREET  
AUGUSTA GA 30904**

License No: 9265  
Blood Bank Code: 1547  
Effective: 01/01/2018  
To: 12/31/2018

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home  <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input type="checkbox"/> Collection Services  <input type="checkbox"/> On Site <input type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic  <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input checked="" type="checkbox"/> Processing (HPC) <input type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health



**New Jersey State Department of Health  
Division of Public Health and Environmental Laboratories  
BLOOD BANK LICENSE**

**XYTEX TISSUE SERVICES  
1100 EMMETT STREET  
AUGUSTA GA 30904**

License No: 9260  
Blood Bank Code: 1314  
Effective: 01/01/2018  
To: 12/31/2018

The above, pursuant to Chapter 33, P.L. of 1963, is hereby authorized to perform the below indicated services:

Authorized Services		
<input type="checkbox"/> Transfusion Services <input type="checkbox"/> On-Site <input type="checkbox"/> Home  <input type="checkbox"/> Transfusion Only <input type="checkbox"/> On-Site <input type="checkbox"/> Home <input type="checkbox"/> Emergency	<input checked="" type="checkbox"/> Collection Services  <input type="checkbox"/> On Site <input checked="" type="checkbox"/> Mobile Site <input type="checkbox"/> Allogeneic <input type="checkbox"/> Autologous <input type="checkbox"/> Directed <input type="checkbox"/> Therapeutic Phlebotomy <input checked="" type="checkbox"/> Cord Blood <input type="checkbox"/> Hematopoietic Progenitor Cells (HPC) <input type="checkbox"/> Double Red Cell <input type="checkbox"/> Perioperative Autologous Collection/Administration	<input type="checkbox"/> Hemapheresis <input type="checkbox"/> Plasmapheresis <input type="checkbox"/> Leukapheresis <input type="checkbox"/> Plateletpheresis <input type="checkbox"/> Cytapheresis <input type="checkbox"/> Therapeutic  <input type="checkbox"/> Processing (Routine) <input type="checkbox"/> Processing (Special) <input type="checkbox"/> Processing (HPC) <input checked="" type="checkbox"/> Storage (HPC) <input type="checkbox"/> Component Preparation <input type="checkbox"/> Manufacturer <input type="checkbox"/> Broker

Commissioner of Health