6. If the director is to be absent, the director must arrange for a qualified substitute director.

(b) Qualifications of the blood bank director shall be as follows:

1. The blood bank director shall be a physician licensed to practice medicine in the State of New Jersey. The physician requirement shall be waived for industrial manufacturers, brokers and facilities licensed to transfuse in emergency situations only (see N.J.A.C. 8:8–12.3).

2. The blood bank director shall have four years of full time experience and/or training appropriate to the services provided by the blood bank, as described in (b)3 below.

3. Appropriate experience shall include, but shall not be limited to:

i. Evaluation of donor suitability;

ii. Donor and recipient testing;

iii. Blood and blood component collection, preparation, storage, processing and distribution; and

iv. Administration of blood and blood components for therapeutic purposes.

Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–2.2 Donor and/or transfusion related personnel

(a) The blood bank shall have one or more supervisors who under the general direction of the blood bank director supervise all functions related to the collection of blood and blood components, and in the absence of the blood bank director are responsible for proper performance of these procedures.

(b) General provisions for donor/transfusion related personnel are:

1. Each blood bank during the collection or transfusion of blood shall have a responsible individual on the premises who, according to N.J.A.C. 8:8–2.2(c), shall be qualified to provide emergency care and in out-of-hospital transfusion situations performs the transfusion.

2. An adequate number of personnel shall be available.

3. All other personnel associated with donor or transfusion related functions shall be suitably trained and supervised in the performance of their prescribed tasks. Donor personnel responsible for determining donor suitability shall demonstrate their familiarity with donor eligibility standards to the satisfaction of the director of the blood bank.

(c) Donor or transfusion emergency care personnel qualifications shall be as follows:

1. A physician licensed in the State or a registered nurse (R.N.) holding a current certificate of registration who has fulfilled the following requirements:

i. Has taken an eight hour course in cardiopulmonary resuscitation (CPR) for health care providers and holds a current CPR certification.

(d) A phlebotomist shall be properly trained or supervised for six months and be proficient in the collection of blood from a donor.

(e) All other personnel associated with donor related functions must be suitably trained and supervised in the performance of their prescribed tasks.

Amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Requirements for supervision added. Licensed physician added to (c).
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–2.3 Blood bank personnel

(a) The blood bank shall have one or more supervisors who under the general direction of the blood bank director supervise technical personnel, perform tests requiring special skills, and in the absence of the director shall be responsible for proper performance of all blood bank procedures.

(b) There shall be a sufficient number of properly qualified technical personnel to meet volume and complexity of technical procedures performed by the blood bank.

(c) The blood bank supervisor shall meet the requirements of N.J.A.C. 8:44 or possess a Specialist in Blood Banking (SBB) with two years experience subsequent to graduation. The two years of experience shall be waived if the individual was a blood bank supervisor prior to obtaining the SBB.

Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

SUBCHAPTER 3. FACILITIES, EQUIPMENT AND CONTAMINATED MATERIAL

8:8–3.1 Facilities and equipment

(a) Quarters, environment, and equipment shall be provided to maintain safe and acceptable standards for handling of human blood and blood components.

(b) Blood donor facilities shall consist of at least a waiting room, private screening area for donor questioning, bleeding area, donor recovery area, lavatory facilities and the proper equipment for collection and immediate storage of blood.

(c) The blood bank shall also provide a processing laboratory as follows:

1. The laboratory shall have appropriate equipment for donor and/or recipient testing, component preparation, record keeping, storage and distribution of blood and blood components.

2. All laboratory tests required for proper donor blood processing, not performed by the collecting facility, shall be referred to a laboratory or blood bank licensed by the Department or certified by the Health Care Financing Administration (HCFA), if out-of-State.

Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–3.2 Contaminated material

Contaminated material shall be disposed in a manner consistent with current standards of the New Jersey Department of Health, Health Facilities Evaluation Division and the New Jersey Department of Environmental Protection.

Case Notes

Dentist had duty to protect sanitation worker stuck in forearm by dental instrument while collecting trash; dentist consciously disregarded regulatory requirements regarding disposal of medical waste materials; sanitation worker claimed emotional distress, fearing HIV infection. De Milio v. Schrager, 285 N.J.Super. 183, 666 A.2d 627 (L.1995).

SUBCHAPTER 4. MANAGEMENT

8:8–4.1 Quality control and quality assurance

(a) All blood banks shall have quality control and quality assurance programs which shall be in compliance with these rules, and shall be sufficiently comprehensive to ensure that blood and blood components, reagents and equipment perform as expected.

(b) The quality control and the quality assurance programs shall include at least the following:

1. Written procedures that include all policies and procedures developed for use;

2. Evidence of validation of methods;

3. Evidence of periodic evaluation of reagents and equipment including the date of performance;

4. Evidence of periodic evaluation of blood and blood components in accordance with, whichever is more stringent, the current Code of Federal Regulations and/or the current Standards of the American Association of Blood Banks;

5. Evidence of periodic evaluation to determine that policies and procedures are appropriate and are followed;

6. Evidence of daily review of computer maintained error correction records by the blood bank director or supervisor.

7. Evidence of appropriate corrective action; and

8. Review by the supervisor or the director.

New Rule, R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Rule on records previously at this location recodified to N.J.A.C. 8:8–5.1.
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–4.2 Procedures

(a) All policies and procedures developed for use in the blood bank and required by this chapter shall be detailed in a written procedure manual.

(b) Each procedure shall have a current pertinent literature reference.

(c) The actual test procedures used shall coincide with the manufacturers' current product insert or written documentation from the manufacturer.

(d) The most current edition of the manufacturer's product inserts shall be available.

(e) The procedure manual shall be reviewed by the blood bank director annually and this review shall be documented by date and the blood bank director's signature.

(f) All significant changes to procedures shall be reviewed, dated and signed by the blood bank director.

New Rule, R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Rule on reporting requirements previously at this location recodified to N.J.A.C. 8:8–5.2.
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–4.3 Documented review

(a) When blood or blood components are collected and/or prepared, a key person in the operation of the blood bank shall conduct a documented review prior to the release and final labelling of blood and blood components to ensure that blood from unsuitable donors shall not be distributed for transfusion or further manufacture. If this function is performed by computer, validation of the computer program, as outlined in N.J.A.C. 8:8–5.1(d), shall be performed. This review procedure shall be in writing and the procedure shall include tracking of all collected and/or prepared blood and blood components, to assure that:

1. The sequence of the numbers of the blood and blood components drawn are verified and donor numbers for which no donations are available are accounted for;

i. An alphabetical file of the recipient and all units administered;

ii. Each recipient's ABO and Rh type available for immediate reference for at least the past 12 months;

iii. Patients known to have significant unexpected antibodies, adverse reactions to transfusion and/or difficulty in blood grouping and typing available for immediate reference for at least the past five years;

iv. Transfusion request records;

v. Test results, interpretations and release or issue date for compatibility testing;

vi. Emergency release of blood including signature of requesting physician, type of blood and blood component.

3. List of therapeutic bleedings, including signed request by physician, donor's disease and disposition of units;

4. Detailed procedure manual including all policies and procedures developed for use in the blood bank and required by this chapter;

5. Evidence of annual review of the procedure manual by the blood bank director;

6. A data sheet for each cytapheresis procedure and the following information recorded: volume of blood processed; anticoagulants given; duration of procedure; volume of product; drugs given; identity of the donor; any reactions that occurred and how they were treated and any other information necessary to ensure the proper preparation of the component and the safety of the donor.

7. Quality control and quality assurance records, including but not limited to: periodic evaluation of personnel, blood and blood components, reagents, equipment, including dates of performance; test performed; observed results; interpretations; identification of personnel performing the test; any appropriate correction action taken; and review by supervisor and/or director.

8. Antibody identification records;

9. Reports of adverse reactions and laboratory investigation of suspect transfusion reactions;

10. Lot numbers of supplies and reagents.

11. A method to identify persons performing each significant step in collecting, processing, compatibility testing and distributing blood or blood components; and

12. Shipping records from the blood distributor with written documentation that indicates that, at the time of blood and blood component receipt, components listed on the shipping record were verified as received.

Recodified from 8:8–4.1 and amended by R.1989 d.246, effective May 15, 1989.

See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).

Rule on donor identification previously at N.J.A.C. 8:8–5.1 recodified to N.J.A.C. 8:8–6.1.

Requirements added concerning record maintenance, corrections, work records, computer systems, written procedures, reporting requirements, quality control and identification of staff involved in blood processing.

Amended by R.1994 d.350, effective August 1, 1994.

See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–5.2 Reporting requirements

(a) Transfusion reactions shall be reported as follows:

1. Any hemolytic or life threatening transfusion reaction must be reported on forms provided by the Department within 10 days of occurrence.

2. Any fatal transfusion reaction shall be reported by telephone by the next working day of the event, with written follow-up on forms provided by the Department within 10 days of occurrence.

(b) Transfusion associated AIDS shall be reported as follows:

1. Any known or presumed case of transfusion associated AIDS brought to the attention of a blood bank shall be reported to the Department within 10 days on forms provided for this purpose.

2. All prospective donors found to test positive for hepatitis B surface antigen shall be reported to the Department within 10 days on forms provided for this purpose and shall be considered ineligible for transfusion purposes as long as they continue to be identified on current lists of interdicted donors supplied by the Department.

(c) Errors, as outlined in N.J.A.C. 8:8–4.4(a), that result in the availability of unsuitable blood and blood components for transfusion or distribution, shall be reported to the Department within 10 days of recognition of the error.

(d) Errors that result in the wrong blood or blood component being transfused, regardless of harm to the recipient, shall be reported to the Department within 10 days of recognition of the error.

Recodified from 8:8–4.2 and amended by R.1989 d.246, effective May 15, 1989.

See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).

Rule on medical history, physical exam and bleeding limitations previously at N.J.A.C. 8:8–5.2 recodified to N.J.A.C. 8:8–6.2. Requirements added for the reporting of transfusion-associated AIDS and of errors in shipment.

Amended by R.1994 d.350, effective August 1, 1994.

See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

Case Notes

Blood bank which supplied AIDS contaminated blood was not strictly liable to patient who received blood. Snyder v. Mekhjian, 244 N.J.Super. 281, 582 A.2d 307 (A.D.1990), appeal granted 126 N.J. 318, 598 A.2d 879, appeal dismissed 126 N.J. 305, 598 A.2d 870, affirmed 125 N.J. 328, 593 A.2d 318.

8:8–5.3 (Reserved)

Recodified by R.1989 d.246, effective May 15, 1989.

See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Rule on donor selection previously at N.J.A.C. 8:8–5.3 recodified to N.J.A.C. 8:8–6.3.

8:8–5.4 (Reserved)
Amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Rule on information to donor previously at N.J.A.C. 8:8–5.4 recodified to N.J.A.C. 8:8–6.4.

8:8–5.5 (Reserved)
Amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Rule on AIDS screening previously at N.J.A.C. 8:8–5.5 recodified to N.J.A.C. 8:8–6.5.

SUBCHAPTER 6. CRITERIA FOR DONOR SELECTION

8:8–6.1 Donor identification

(a) Blood donors shall be identified by a comparison of their signature at the time of donation with an identification card.

(b) The type of identification used shall be written on the donor registration card at the time of each blood donation.

Recodified from 8:8–5.1 by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Rule on general criteria recodified to N.J.A.C. 8:8–7.1.

8:8–6.2 Medical history; physical examinations; bleeding limitations

Medical history, physical examinations, and bleeding limitations of the donor shall be consistent with, whichever is more stringent, the most recent Code of Federal Regulations or the most recent Standards of the American Association of Blood Banks. If necessary, these documents may be reviewed at the Department of Health, Clinical Laboratory Improvement Services, Princess South, Princess Road, Building 17F, Lawrenceville, New Jersey.

Recodified from 8:8–5.2 and amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Rule on processing recodified to N.J.A.C. 8:8–7.2. Address changed. Criteria clarified.
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–6.3 Donor selection

(a) On the day of donation the prospective donor's history shall be evaluated and the donor examined by qualified blood bank personnel trained to follow guidelines acceptable to the Department in order to determine that blood donation will not be detrimental to the donor and to determine that the donor has no evidence of disease transmissible by blood transfusion.

(b) Donors shall be excluded from donating blood for transfusion while their names appear in the latest revision of publications supplied to the blood bank by the Department which prohibit them from serving as a donor.

(c) Before blood or blood components are issued for distribution, permanent deferral records, which include reason for deferral for donor past medical history and all tests required in N.J.A.C. 8:8–7.2. Testing shall be reviewed to determine if the blood and blood components meet all the requirements for homologous use. Blood and blood components which do not meet these requirements can not be used for homologous transfusion.

Recodified from 8:8–5.3 and amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Requirements for homologous use added.
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–6.4 Information provided to the donor

(a) Consent shall be obtained in writing from the prospective donor after the procedure has been explained in terms the donor can understand and after the donor has had an opportunity to ask questions and refuse consent. Consent shall include information on significant risks of the procedure and tests performed to reduce the risks of infectious disease to the recipient.

(b) The donor must be instructed in post phlebotomy care and cautioned as to possible adverse reactions.

(c) The blood bank director shall be responsible for a mechanism for notifying the donors of the cause of rejection.

Recodified from 8:8–5.4 by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–6.5 AIDS screening requirements

(a) All blood and blood components collected in New Jersey are subject to the requirements of this section.

(b) Educational material must be given to the blood donors prior to the collection of blood which will allow donors to determine whether or not they have engaged in high risk behavior.

(c) All donors including those utilized in hemapheresis, must be screened by history for the early signs and symptoms of AIDS.

(d) The collecting agency shall ensure that all blood and blood components collected in New Jersey, including those obtained from hemapheresis, be screened for HIV–1 and HIV–2 as specified in N.J.A.C. 8:8–7.2. Laboratory tests not performed by the collecting facility shall be referred to a blood bank or laboratory licensed to perform HIV testing by the Department or, if out-of-State, certified by the Health Care Financing Administration (HCFA) to perform HIV testing. It shall be the responsibility of the receiving blood bank to assure that any blood brought in from out-of-State sources shall be tested for HIV types 1 and 2. If the blood is used for homologous transfusion, it shall be tested as all other blood and blood components.

(e) Blood and blood components that are positive, as currently defined by the Department, to serologic tests for HIV types 1 and 2 or collected from a donor known to be positive to serologic tests for HIV types 1 and 2 shall either be discarded or used for research purposes only.

(f) Prior to a donation of blood or blood component each donor shall be notified in writing and shall have signed a written statement confirming that:

1. The blood or blood components shall be tested for evidence of the probable causative agent of acquired immune deficiency syndrome.

2. Donors found to have serologic evidence of HIV shall be placed on a confidential internal deferral list and may, if deemed appropriate by the Department, a confidential statewide deferral list.

3. The donor shall be notified of the test results in accordance with requirements described in (i) below.

4. Blood or blood components shall not be donated for transfusion purposes by a person if the person has reason to believe that he or she has engaged in high risk behavior.

(g) A blood bank shall use a self deferral system that allows the donation to be drawn and documents that:

1. Each donor has been given the opportunity to confidentially and voluntarily defer their blood donation for use in homologous transfusion before they leave the donation site;

2. The donor has been informed that their blood will be tested for HIV antibody even if they defer their blood for transfusion use; and

3. Blood and blood components from donors that defer their blood for transfusion use shall not be used.

(h) All blood banks must notify the donor of results when there is serologic evidence of the probable causative agent of AIDS as currently outlined by the Department.

(i) Relative donors must be notified and counseled in person. Every effort shall be made to accomplish face to face notification and counseling.

(j) Blood banks must maintain records pertaining to all HIV requirements and test results. These records must be kept in a confidential manner.

(k) Testing facilities shall participate in a proficiency program acceptable to the Department.

New Rule, R.1987 d.111, effective February 17, 1987.
See: 18 N.J.R. 2280(a), 19 N.J.R. 356(b).
Recodified from 8:8–5.5 and amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Requirement to test autologous blood deleted. Self-deferral system requirements added.
Requirement to produce HIV statistics added.
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

Case Notes

Enhanced-risk theory applied to negligence claim against trade association of voluntary blood banks based on alleged failure to recommend surrogate testing to eliminate blood contaminated with human immunodeficiency virus from supply. Snyder v. American Ass'n of Blood Banks, 282 N.J.Super. 23, 659 A.2d 482 (A.D.1995).

Blood bank which supplied AIDS contaminated blood was not strictly liable to patient who received blood. Snyder v. Mekhjian, 244 N.J.Super. 281, 582 A.2d 307 (A.D.1990), appeal granted 126 N.J. 318, 598 A.2d 879, appeal dismissed 126 N.J. 305, 598 A.2d 870, affirmed 125 N.J. 328, 593 A.2d 318.

SUBCHAPTER 7. BLOOD AND BLOOD COMPONENTS

8:8–7.1 General criteria

(a) The procedure for the collection, processing, storage, and distribution of blood and blood components shall meet the requirements of this chapter.

(b) Blood banks shall establish criteria for collection, processing, storage, and distribution, according to current standards, acceptable to the Department.

(c) Sale or exchange of blood and/or blood products positive for HIV and/or HBsAg shall not be made without the express permission, in writing, of the Department.

(d) Blood banks distributing blood and blood components shall:

1. Have available an information circular with each product explaining its proper indications and usage (thawing, dosage, stability, side effects, adverse reactions, hazards, etc.);

2. Provide accurate expiration dates and hours on the container label for all blood and blood components; and

3. Meet licensed expiration dates for the product.

(e) The preparation of all blood and blood components shall be consistent with, whichever is more stringent, the Code of Federal Regulations, as amended or supplemented, or the Standards of the American Association of Blood Banks, as amended or supplemented. If necessary, these documents may be reviewed at the Department of Health, Clinical Laboratory Improvement Services, Princess Road, Bldg. 17F, Lawrenceville, New Jersey.

Recodified from 8:8–6.1 and amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Blood banks required to establish criteria. Labeling requirements added. Rule on donor's emergency care recodified to N.J.A.C. 8:8–8.2.
Amended by R.1994 d.350, effective August 1, 1994.

See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–7.2 Testing

(a) All laboratory tests shall be made on specimens of blood taken from the donor at the time of phlebotomy in properly identified tubes.

(b) FDA licensed reagents shall be used for screening tests, if they are available.

(c) Required infectious disease testing includes a serologic test for syphilis (STS), Hepatitis B Surface Antigen (HBsAg), antibody to Hepatitis C Virus (HCV), Hepatitis B Core Antibody (HBcAb), antibody to Human Immunodeficiency Virus type 1 (HIV–1), antibody to Human Immunodeficiency Virus type 2 (HIV–2), antibody to Human T–Lymphotrophic viruses I/II (HTLV I/II) and Alanine aminotransferase (ALT).

(d) Testing shall be performed as required in N.J.A.C. 8:8–4.2 and comply with this chapter.

(e) The blood or blood components shall not be used for therapeutic purposes unless results of test(s) are clearly negative or in the case of ALT testing within acceptable established limits except where delay occasioned by testing may result in a serious threat to the health and well-being of the recipient.

(f) In instances where untested units are transfused, the attending physician shall attest in writing to the existence of an emergency and if the test is subsequently positive, the recipient's physician must be notified.

(g) Determination of ABO group:

1. Each container of blood shall be properly identified and labeled as to its blood group.

2. The ABO type of each blood donation shall be determined by testing the red cells of the donor using known Anti–A and Anti–B sera, and by testing the serum or plasma for expected antibodies using known A1 and B red blood cells. The two methods of testing shall be recorded and be in complete agreement before any label or release can be effected for the unit of blood.

3. All Anti–A and Anti–B sera shall meet the Code of Federal Regulations minimum requirements, and the procedures used shall follow the manufacturer's directions.

4. Previous records of ABO type shall not serve as identification of units, subsequently given by the same donor. New determinations shall be made for each collection.

(h) Determination of D type:

1. The D type of each container of donor blood shall be determined with Anti–D reagent.

2. If the blood is D negative, it shall be tested using a technique designed to detect D^u.

3. Only anti-sera meeting the Code of Federal Regulations minimum requirements for the products shall be used and the technique of typing shall be that recommended by the manufacturer.

(i) Determination of antibodies:

1. Each container of blood shall be tested for unexpected antibodies using a screening cell suspension which meets the Code of Federal Regulations minimum requirements.

2. The techniques employed shall be those which will detect clinically significant antibodies and shall include the anti-human globulin test.

3. Blood in which antibodies are found shall be used in a manner not detrimental to the recipient.

(j) Repeat testing: The facility at which the transfusion is administered must confirm the ABO type, on a sample obtained from the integral attached segment, of all units of whole blood and red blood cells, and the D type of all D negative units of whole blood and red blood cells.

(k) Performance of any additional testing for product quality and patient safety is permitted under this chapter. This testing shall comply with all applicable requirements of this chapter.

Amended by R.1987 d.111 effective February 17, 1987.
See: 18 N.J.R. 2280(a), 19 N.J.R. 356(b).
(b)3 added; old (b)3.–7. renumbered (b)4.–7.
Recodified from 8:8–6.2 and amended by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Compliance with CFR and industry standards added. Surrogate testing for non-A, non-B Hepatitis added. Rule on medical contingency plan recodified to N.J.A.C. 8:8–8.3.
Amended by R.1994 d.350, effective August 1, 1994.
See: 26 N.J.R. 1057(a), 26 N.J.R. 3171(a).

8:8–7.3 (Reserved)

Recodified by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Text recodified to N.J.A.C. 8:8–8.4.

8:8–7.4 (Reserved)

Recodified by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Text recodified to N.J.A.C. 8:8–8.5.

8:8–7.5 (Reserved)

Recodified by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Text recodified to N.J.A.C. 8:8–8.6.

8:8–7.6 (Reserved)

Recodified by R.1989 d.246, effective May 15, 1989.
See: 21 N.J.R. 407(a), 21 N.J.R. 1412(a).
Text recodified to N.J.A.C. 8:8–8.7.