

NEW YORK STATE DEPARTMENT OF HEALTH

Wadsworth Center - Clinical Laboratory Evaluation
 Program Empire State Plaza
 Albany, NY 12237

E-mail: CLEPCQ@health.ny.gov

Web: www.wadsworth.org/regulatory/clep

**Certificate of Qualification
 Questionnaire**

Diagnostic Immunology

Instructions: Complete in full for testing that you have personally performed, supervised and/or directed. Obtain all appropriate signatures and submit this form along with any applicable letters of documentation to the NYS Department of Health at the address listed above.

Name _____ CQ Code (if known) _____

Name of facility _____

Analyte (list under appropriate discipline)	Method	Number of tests performed/year		Instrument/Platform	FDA Approved (Y/N)
		20__	20__		
General Immunology – use additional pages if necessary					
Autoimmune analytes– use additional pages if necessary					
Infectious Disease Serology– use additional pages if necessary					

The applicant and supervisor/director must print and sign their names below.

 Print applicant name Applicant signature Date

 Print supervisor/director name Supervisor/director signature Date