

**NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
CLINICAL LABORATORY EVALUATION PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509**

Delegated Submitter Request Form

Telephone: (518) 485-5378 Fax: (518) 485-5414
E-mail: CLEP@health.ny.gov
Web: www.wadsworth.org/regulatory/clep

A Delegated Submitter is an individual who has been given written authorization by the laboratory director to electronically enter and submit data in eCLEP in lieu of the director. The laboratory director is ultimately responsible for the information presented to the department using the electronic reporting application. Please be advised that the laboratory director and the laboratory owner remain ultimately responsible for the information presented to the department.

Revocation of an existing Delegated Submitter status may also be performed using this document.

Each individual user must have an HCS account. It is a violation of the security agreement to use another individual's account and could result in a termination of HCS access rights and possible prosecution if data security is compromised as a result of the violation.

The Laboratory Director of record, as indicated on NYSDOH laboratory permit, must sign this document.

PFI #	
Facility Name	

Delegated Submitter's Name (no nicknames or initials)	
HCS login User ID	
Title	
Telephone number	
E-mail address	

<input type="checkbox"/>	Request to add Delegated Submitter status	<input type="checkbox"/>	Request to revoke Delegated Submitter status
--------------------------	--	--------------------------	---

By signing below, I attest that the individual indicated above to be the Delegated Submitter is authorized to enter and submit information to the department in my stead. I acknowledge that I remain ultimately responsible for all information presented on my behalf by this individual. I also acknowledge that Article 5, Title V, Section 575 of New York State Public Health Law stipulates that a laboratory permit is automatically void upon a change of director, owner or location. I also understand that penalties may apply if facts or information regarding the initial and continuing eligibility for said laboratory permit are misrepresented, concealed, or undisclosed. Further, I understand that offering a false instrument constitutes a crime under the penal law of the State of New York (NYS Penal Law Article 175). Such misrepresentation may subject parties who file a false instrument to criminal prosecution.

Laboratory Director Name (as listed on the laboratory permit)	
Director's Signature	
Date Signed	

**Please return this form, by one method only, to: Clinical Laboratory Evaluation Program
 FAX: (518) 485-5414 or (518) 449-6901 Scanned PDF to clep@health.ny.gov**