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

Hematology

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 _____

Test	Method (if applicable)	Number of tests performed/year		Instrument/Platform (if applicable)	FDA Approved (Y/N)
		20___	20___		
Cellular Hematology					
WBC count					
RBC count					
Hemoglobin					
Hematocrit					
Platelet					
WBC Diff - automated					
WBC Diff - manual					
Coagulation					
APTT					
PT					
Fibrinogen					

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