Clinical Laboratory Evaluation Program
Wadsworth Center
New York State Department of Health
Empire State Plaza
Albany, NY 12237
Telephone: (518) 402-4253 Fax: (518) 449-6902

E-mail: CLEPLtd@health.ny.gov
Web: www.wadsworth.org/regulatory/clep/limited-service-lab-certs

LIMITED SERVICE LABORATORY REGISTRATION
Notification to Add and/or Delete Test Procedure(s)

LABORATORY INFORMATION:			
Laboratory PFI Number:	Laboratory Name:		
	Street Address:		
	City:	State:	ZIP Code:

LABORATORY TESTING INFORMATION:

Article 5, Title V, Section 3 of the New York State Public Health Law states that Limited Service Laboratories may only provide the tests listed on the registration issued by the Department. Therefore, Limited Service Laboratories may not begin patient testing until written confirmation is received from this Program. ***(*NOTE: Non-DOT breath alcohol testing must be performed using an FDA approved IVD Over-The-Counter device.)***

1.	Test Procedure Name:		Request:	☐ Add ☐ Delete
2.	Test Procedure Name:		Request:	☐ Add ☐ Delete
3.	Test Procedure Name:		Request:	☐ Add ☐ Delete
4.	Test Procedure Name:		Request:	☐ Add ☐ Delete
5.	Test Procedure Name:		Request:	☐ Add ☐ Delete
6.	Test Procedure Name:		Request:	☐ Add ☐ Delete
7.	Test Procedure Name:		Request:	☐ Add ☐ Delete
8.	Test Procedure Name:		Request:	☐ Add ☐ Delete
9.	Test Procedure Name:		Request:	☐ Add ☐ Delete
10.	Test Procedure Name:		Request:	☐ Add ☐ Delete

COMMUNITY SCREENING:	Indicate whether your laboratory or laboratory network will perform off-site community screening events.	Request:	☐ Add ☐ Delete

CERTIFICATION: By signing this form, I hereby certify that the information given is true and correct. I attest that I have reviewed a copy of the most current Limited Service Laboratory Registration application on file with the Department for this laboratory, and will comply with the requirements of Section 579 of the Public Health Law. I also assume responsibility for any laboratory testing performed at secondary testing sites covered under this CLIA Number and Limited Service Laboratory Registration. **NOTE: All signatures must be original.** ***SIGNATURE STAMPS WILL NOT BE ACCEPTED.***

Date	Signature, Laboratory Director	Name, Laboratory Director (Print)
_____	_____	_____

SPECIAL NOTICE

Return this change form and any accompanying documentation by mail only.