

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

**Mycobacteriology**

E-mail: [CLEPCQ@health.ny.gov](mailto:CLEPCQ@health.ny.gov)  
 Web: [www.wadsworth.org/regulatory/lep](http://www.wadsworth.org/regulatory/lep)

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 \_\_\_\_\_

Tests	Specimen Source	Dates (mo/yr-mo/yr)	Tests per Year	Instrument/ Platform	Method/Chemistry FDA approved or LDT
Direct Smear Examination					
AFB Culture					
TB drug susceptibility testing					
Molecular-Based Testing-Detection and/or identification of <i>Mycobacteria species</i>					
Other (list):					

The applicant and supervisor/director must print and sign their names below to attest that the testing above was under direct supervision by the applicant.

Print applicant name \_\_\_\_\_ Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Print supervisor/director name \_\_\_\_\_ Supervisor/director signature \_\_\_\_\_ Date \_\_\_\_\_