



Services

News

Government

Local

Location

Translate

PLEASE LOGIN TO BEGIN USING THE HEALTH COMMERCE SYSTEM (HCS)

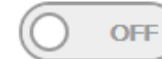


- Difficulties signing in? Use the self-service [Forgot your Password?](#) or [Forgot your User ID?](#) links below.

User ID

Password

Remember HCS ID



OFF

Sign In

OR

Create an HCS Account

Enter User ID and Password

Welcome [User Name]

My Applications

- Acronyms & Abbreviations
 - eCLEP**
 - Emergency Contacts
 - EPTRS
 - ServNY
- Refresh My Applications List**



Select eCLEP

Important Health Events



Important Health Notifications

Posted	Priority	Keyword	Source	Audience	Description	Recipients
12/26/2018	Advisory	Commissioner's Letter	NYSDOH		December 2018 Commissioner's Letter	Recipients
12/24/2018	Alert	Infectious Disease	NYSDOH		RB51 BRUCELLA CONTRACTED FROM CONSUMPTION OF RAW MILK	Recipients
12/21/2018	Advisory	Synthetic Cannabinoids	NYSDOH		Advisory - Synthetic Cannabinoid (SC) - Related Coagulopathies 2018	Recipients
12/20/2018	Advisory	Influenza	NYSDOH		NYSDOH 2018-19 Influenza Declared Prevalent in the State	Recipients
12/11/2018	Advisory	Immunization	NYSDOH		Updated Measles Advisory 12-11-2018	Recipients
12/07/2018	Advisory	NYSDOH Measles Advisory	NYSDOH		Measles Advisory to MDs and Medical Practices	Recipients

Showing notifications sent in the past 30 days.

Newsroom Highlights...

News Items

Newsletters

[home](#)

Welcome to e-CLEP

This site contains a collection of tools and resources to assist you in meeting the requirements of the New York State Clinical Laboratory Reference System.

For general information and guidance, please refer to the [Wadsworth Center Public Website](#).

Date	Priority	Message
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Select "PT Designations"

Permit Materials

Laboratory Reapplication

Laboratory Changes

Proficiency Testing

PT Designations

PT Documents

Gross Annual Receipts

Reporting

You have access to all facilities. Please enter a facility ID :



Enter PFI number here

Designation Steps

[Step 1. Indicate Tests Offered on NYS Specimens](#)

[Step 2. Designate PT provider and product](#)

[Step 3. View designations](#)

[Step 4. Submit designations](#)

PFI: 0000 **Name:** Internal Test for CLEP

Proficiency Testing (PT) - Designations

PT designation period

Use the links at the left to begin or continue the designation process, view instructions, or find additional help regarding specific PT products.

Laboratories applying for or holding a New York State (NYS) comprehensive clinical laboratory permit through the Clinical Laboratory Evaluation Program (CLEP) must enroll in proficiency testing (PT) as defined by NYS (NYS mandated PT). NYS mandated PT includes all tests/analytes offered by the laboratory that are either listed in CMS 42 CFR 493 subpart I (CLIA subpart I) OR defined by NYS as requiring PT.

In addition, each laboratory must designate the PT surveys that will be used to satisfy these PT requirements. Laboratories currently holding a NYS CLEP permit, or those in applied status for a permit, must designate these PT surveys via this website. Laboratories that submitted initial applications and are not currently in applied status will be contacted by CLEP for PT provider information as part of the application review. This process applies ONLY to your laboratory's PRIMARY test method.

This website lists tests that require PT as defined by NYS (NYS mandated PT) and PT surveys offered by the CMS-approved PT providers that have been screened by CLEP to identify those that meet New York State PT requirements for NYS mandated PT analytes. For each test, your laboratory must indicate whether the test is offered on NYS specimens and, if so, indicate a PT provider and survey. You must click "submit" on the final page before the notification period ends. You must click on the links at the left side of the page to progress through the process. Lastly, more detailed instructions can be found [here](#).

CLEP will compare your planned enrollment to the PT scores we receive from the PT providers in January. Failure to participate in the PT surveys selected here may result in citation under NYS Clinical Laboratory Standard Proficiency Testing Sustaining Standard of Practice 1 (PT S1): Participation. Laboratories are required to authorize their PT providers to submit PT results to NYS. Lastly, laboratories must participate with their chosen provider(s) for one calendar year before designating a different program.

Other surveys offered by these providers do not meet these requirements, but may fulfill requirements for other analytes under NYS Clinical Laboratory Standard Quality Assessment Sustaining Standard of Practice (QA S3): Ongoing Verification of Examination Accuracy.

Select "Step 1..."

[PT Home](#)

[Instructions](#)

[Category Specific Help](#)

[FAQs](#)

[Browser Issues](#)

Designation Steps

- Step 1. Indicate Tests Offered on NYS Specimens

[Step 2. Designate PT provider and product](#)

[Step 3. View designations](#)

[Step 4. Submit designations](#)

PFI: 0000

Name: Internal Test for CLEP

Indicate Tests Offered on NYS Specimens

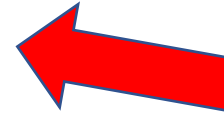
PT designation period

Laboratories applying for or holding a New York State (NYS) comprehensive clinical laboratory permit through the Clinical Laboratory Evaluation Program (CLEP) must enroll in proficiency testing (PT) as defined by NYS (NYS mandated PT). NYS mandated PT includes all tests/analytes offered by the laboratory that are either listed in CMS 42 CFR 493 subpart I (CLIA subpart I) OR defined by NYS as requiring PT.

Laboratories offering these tests on NYS specimens must designate which PT provider and survey they will use to satisfy these requirements for the upcoming calendar year. For a list of NYS-acceptable PT providers and surveys, please visit:

<https://www.wadsworth.org/regulatory/clep/pt/provider-search>.

Categories Requiring PT:



Select category

Help/Instructions

Bacteriology

- Refer to Category Specific Help for additional information
- Laboratories are required to enroll in a program(s) that includes:
 - a minimum of five samples per testing event
 - three shipments per year
 - samples for bacterial isolation and identification (culture and molecular methods), antigen detection, gram stain, and antimicrobial susceptibility testing

Categories Requiring PT:

Help/Instructions

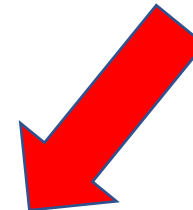
Bacteriology

- Refer to Category Specific Help for additional information
- Laboratories are required to enroll in a program(s) that includes:
 - a minimum of five samples per testing event
 - three shipments per year
 - samples for bacterial isolation and identification (culture and molecular methods), antigen detection
- Choose a PT module that best defines the laboratory's level of service for identification. These are de

[Category Specific Help](#)

Show entries

Name	
Identification of bacterial meningitis pathogens by molecular methods	<input type="text" value="Test Not Offered"/>
Identification of bacteria by culture	<input type="text" value="Test Offered"/>
Identification of blood pathogens (bacterial) by molecular methods	<input type="text" value="Test Not Offered"/>
Identification of gastrointestinal bacterial pathogens by molecular methods	<input type="text" value="Test Not Offered"/>



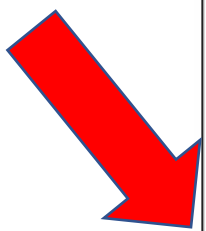
Select "Test Offered" or "Test Not Offered" for each test listed

Clostridium difficile direct detection	Test Not Offered ▼
Group A Streptococcus direct detection	Test Offered ▼
Gram stains	Test Not Offered ▼
Susceptibility (bacterial) testing (AST)	Test Not Offered ▼

Name

Showing 1 to 11 of 11 entries (filtered from 116 total entries)

[Contact Us](#) [Help](#) [FAQ](#) [Accessibility](#) [Message Center](#)



Save!

[PT Home](#)

[Instructions](#)

[Category Specific Help](#)

[FAQs](#)

[Browser Issues](#)

Designation Steps

[Step 1. Indicate Tests Offered on NYS Specimens](#)

[Step 2. Designate PT provider and product](#)

[Step 3. View designations](#)

[Step 4. Submit designations](#)

PFI: 0000 **Name:** Internal Test for CLEP

Proficiency Testing (PT) - Designations

PT designation period

Use the links at the left to begin or continue the designation process, view instructions, or find additional help regarding specific PT products.

Laboratories applying for or holding a New York State (NYS) comprehensive clinical laboratory permit through the Clinical Laboratory Evaluation Program (CLEP) must enroll in proficiency testing (PT) as defined by NYS (NYS mandated PT). NYS mandated PT includes all tests/analytes offered by the laboratory that are either listed in CMS 42 CFR 493 subpart I (CLIA subpart I) OR defined by NYS as requiring PT.

In addition, each laboratory must designate the PT surveys that will be used to satisfy these PT requirements. Laboratories currently holding a NYS CLEP permit, or those in applied status for a permit, must designate these PT surveys via this website. Laboratories that submitted initial applications and are not currently in applied status will be contacted by CLEP for PT provider information as part of the application review. This process applies ONLY to your laboratory's PRIMARY test method.

This website lists tests that require PT as defined by NYS (NYS mandated PT) and PT surveys offered by the CMS-approved PT providers that have been screened by CLEP to identify those that meet New York State PT requirements for NYS mandated PT analytes. For each test, your laboratory must indicate whether the test is offered on NYS specimens and, if so, indicate a PT provider and survey. You must click "submit" on the final page before the notification period ends. You must click on the links at the left side of the page to progress through the process. Lastly, more detailed instructions can be found [here](#).

CLEP will compare your planned enrollment to the PT scores we receive from the PT providers in January. Failure to participate in the PT surveys selected here may result in citation under NYS Clinical Laboratory Standard Proficiency Testing Sustaining Standard of Practice 1 (PT S1): Participation. Laboratories are required to authorize their PT providers to submit PT results to NYS. Lastly, laboratories must participate with their chosen provider(s) for one calendar year before designating a different program.

Other surveys offered by these providers do not meet these requirements, but may fulfill requirements for other analytes under NYS Clinical Laboratory Standard Quality Assessment Sustaining Standard of Practice (QA S3): Ongoing Verification of Examination Accuracy.

Select "Step 2..."

[PT Home](#)

[Instructions](#)

[Category Specific Help](#)

[FAQs](#)

[Browser Issues](#)

Designation Steps

[Step 1. Indicate Tests Offered on NYS Specimens](#)

- Step 2. Designate PT provider and product

[Step 3. View designations](#)

[Step 4. Submit designations](#)

PFI: 0000 Name: Internal Test for CLEP

Designate PT provider and product

PT designation period

Next, please choose a PT provider and PT product. Approved PT products must include at least 5 samples tested 3 times per year (except for Mycobacteriology, which is 2 times per year). This requirement also applies to laboratories offering these tests using point-of-care devices. For a list of NYS-acceptable PT providers and products, please visit <https://www.wadsworth.org/regulatory/clep/pt/provider-search>.

Categories Requiring PT:

Show entries

Search:

PT Designations - PRIMARY METHOD

Test Name	Provider	Product
Identification of bacteria by culture	<input type="text"/>	<input type="text"/>
Group A Streptococcus direct detection	<input type="text"/>	<input type="text"/>

Test Name	Provider	Product
Showing 1 to 2 of 2 entries		
		Previous <input type="text" value="1"/> Next

*Your PT Provider will not be saved unless you have also chosen a product.

A - Select category

B - Choose provider

C - Choose product

D - Save

Repeat Steps 1 and 2 for all categories

- Permit Materials
- Proficiency Testing**
- Gross Annual Receipts
- LDT Approval
- Survey

[PT Home](#)

[Instructions](#)

[Category Specific Help](#)

[FAQs](#)

[Browser Issues](#)

Designation Steps

[Step 1. Indicate Tests Offered on NYS Specimens](#)

[Step 2. Designate PT provider and product](#)

▪ **Step 3. View designations**

[Step 4. Submit designations](#)

PFI: 0000 Name: Internal Test for CLEP

View Designations

PT designation period

A total of 33 record(s) have been modified. Listed below are all the "tests offered" and "tests not offered" by your laboratory. The "tests offered" include your PT product designation(s). The tests with a checkmark (✓) were modified since the last submission. Tests without a checkmark are persistent data from previous designations.

Tests Offered

Category	Test	Provider	Product
Bacteriology	Group A Streptococcus direct detection		
Immunohematology	antibody identification		

[Download Tests Offered](#)

Tests Not Offered

Category	Test
Bacteriology	Chlamydia/Neisseria gonorrhoeae by direct detection
	Clostridium difficile direct detection
	Gram stains
	Identification of bacterial meningitis pathogens by molecular methods
	Identification of blood pathogens (bacterial) by molecular methods
	Identification of gastrointestinal bacterial pathogens by molecular methods
	Identification of genital pathogens (bacterial) by molecular methods
	Identification of respiratory bacterial pathogens by molecular methods
	Susceptibility (bacterial) testing (AST)
Immunohematology	ABO grouping
	compatibility testing
	Rh group
	unexpected antibody detection

Select "Step 3. View Designations"

Review changes

View Designations

PT designation period

A total of 36 test offered records were modified,(+), with 21 tests offered and 15 tests not offered. There are 2 designations in total with 2 modifications. Provider Product designations include Provider Product designations made in Step 2 and Provider Product designations on record.

Tests Offered

Category	Test	Provider	Product
Bacteriology (+)	Group A Streptococcus direct detection		
Immunohematology (+)	antibody identification		
Category	Test	Provider	Product

Tests Not Offered

Category	Test
Bacteriology (+)	Chlamydia/Neisseria gonorrhoeae by direct detection
(+)	Clostridium difficile direct detection
(+)	Gram stains
(+)	Identification of bacterial meningitis pathogens by molecular methods
(+)	Identification of blood pathogens (bacterial) by molecular methods
(+)	Identification of gastrointestinal bacterial pathogens by molecular methods
(+)	Identification of genital pathogens (bacterial) by molecular methods
(+)	Identification of respiratory bacterial pathogens by molecular methods
(+)	Susceptibility (bacterial) testing (AST)
Immunohematology (+)	ABO grouping
(+)	compatibility testing
(+)	Rh group
(+)	unexpected antibody detection
Mycology (+)	Cryptococcal antigen detection
(+)	Identification of fungi by molecular methods
Category	Test

[PT Home](#)

[Instructions](#)

[Category Specific Help](#)

[FAQs](#)

[Browser Issues](#)

Designation Steps

[Step 1. Indicate Tests Offered on NYS Specimens](#)

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[Step 4. Submit designations](#)

PFI: 0000

Name: Internal Test for CLEP

View Designations

PT designation period

A total of 33 record(s) have been modified. Listed below are all the "tests offered" and "tests not offered" by your laboratory. The "tests offered" include your PT product designation(s). The tests with a checkmark (✓) were modified since the last submission. Tests without a checkmark are persistent data from previous designations.

Tests Offered

Category	Test	Provider	Product
Bacteriology	Group A Streptococcus direct detection		
Immunohematology	antibody identification		

Category	Test	Provider	Product
Download Tests Offered			

Tests Not Offered

Category	Test
Bacteriology	Chlamydia/Neisseria gonorrhoeae by direct detection
	Clostridium difficile direct detection
	Gram stains
	Identification of bacterial meningitis pathogens by molecular methods
	Identification of blood pathogens (bacterial) by molecular methods
	Identification of gastrointestinal bacterial pathogens by molecular methods
	Identification of genital pathogens (bacterial) by molecular methods
	Identification of respiratory bacterial pathogens by molecular methods
	Susceptibility (bacterial) testing (AST)
Immunohematology	ABO grouping
	compatibility testing
	Rh group
	unexpected antibody detection

Select "Step 4. Submit Designations"

Attestation

Please read the following attestation carefully. You must signify agreement by clicking the checkbox below, then click 'Submit'.

I, the laboratory director or delegated submitter, as a representative of the owner and laboratory director, understand that signing and submitting this record in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record and this affirmation. I understand and agree that by electronically signing and submitting this record in this fashion I am affirming to the truth of the information contained therein.

I attest that my laboratory has enrolled or will enroll in the proficiency test (PT) surveys designated here. I understand that that failure to enroll and participate in these PT surveys for these analytes may result in regulatory sanctions. I understand that satisfactory PT performance is required to obtain and maintain a clinical laboratory permit. I also agree, on the behalf of the laboratory director and owner, to submit to any investigation made by the Department of Health to verify the information provided. If additional information is requested, I agree that it will be provided in a timely manner by the appropriate staff under the direction of the laboratory director and owner.



I have read, and agree with, the above attestation.

Comment

If you would like to provide a comment, please do so below: (500 characters max)

Submit Clear



Check attestation box and click Submit