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

Virology

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 _____

Virus and specimen source (if applicable)	Dates MM/YY-MM/YY	Tests per year	Instrument/platform	Method/Chemistry	FDA/EUA Approved Yes/No
Antigen Detection (list viruses)					
Virus culture (list viruses*)					
Molecular detection and characterization (list viruses)					

* List method used for confirmation in Method/Chemistry column.

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