Please complete the sections below. The test services reported below will be used to select and grade proficiency testing (PT) samples. Refer to the category descriptions listed on our website for assistance at [www.wadsworth.org/clep](http://www.wadsworth.org/clep) under “Applications and Forms.” Submitting a completed questionnaire as soon as possible will enable us to process your application expeditiously and ensure the laboratory is enrolled in PT for the next scheduled test event, if appropriate.

**Laboratory PFI (if known): **

**Name and address of laboratory:**

---

**Please indicate cell culture methods in use:**

- [ ] Conventional  
- [ ] Centrifugation Enhanced (shell vial)  
- [ ] Conventional & Centrifugation Enhanced

**Please indicate viruses identified/isolated by conventional culture in your laboratory:**

- [ ] Adeno, untyped  
- [ ] Adeno, 1-51  
- [ ] Entero, untyped  
- [ ] Entero, 68-71  
- [ ] Cox A, untyped  
- [ ] Cox A, 1-24  
- [ ] Cox B, untyped  
- [ ] Cox B, 1-6  
- [ ] Echo, untyped  
- [ ] Echo, 1-9, 11-21, 24-33  
- [ ] Human metapneumo  
- [ ] Inf A  
- [ ] Inf B  
- [ ] Polio  
- [ ] HSV  
- [ ] HSV 1  
- [ ] HSV 2  
- [ ] CMV  
- [ ] RSV  
- [ ] Rubella  
- [ ] Vaccinia  
- [ ] VZV  
- [ ] Parainfluenza 1  
- [ ] Parainfluenza 2  
- [ ] Parainfluenza 3  
- [ ] Parainfluenza 4  
- [ ] Measles  
- [ ] Mumps  
- [ ] Other

**Please indicate which cell lines are used in your laboratory for conventional virus culture:**

---

**Please indicate which confirmation methods are used in your laboratory for CPE-positive or HA-positive conventional virus cultures:**

- [ ] IFA  
- [ ] EIA  
- [ ] Hemadsorption  
- [ ] Hemagglutination  
- [ ] Immunoperoxidase  
- [ ] Neutralization  
- [ ] PCR  
- [ ] ELISA  
- [ ] Other (specify): ____________________________

Please indicate which viruses are identified/isolated by centrifugation enhanced (shell vial) culture in your laboratory:

---

Please indicate which cell lines are used for centrifugation enhanced (shell vial) virus culture:

---

Please indicate which cell lines are used for rapid centrifugation enhanced virus culture:

---
List molecular techniques performed including qualitative detection, quantitation, genotyping, phenotyping, or cultivation of virus (attach additional sheets if necessary).

<table>
<thead>
<tr>
<th>ORGANISM</th>
<th>SPECIMEN TYPE</th>
<th>METHOD (If Commercial Kit, Indicate Name And Manufacturer)</th>
<th>SPECIFY ASSAY TYPE</th>
</tr>
</thead>
<tbody>
<tr>
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<td>FDA CLEARED</td>
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</table>

Please Note - Commercial availability of a kit does not necessarily equate to FDA clearance of the product for clinical diagnostic testing. The package insert will specify if the product has been cleared by the FDA for use in a clinical laboratory, or if it is classified as an investigational use only (IUO) or research use only (RUO) assay. LDT refers to laboratory – developed test.

Direct Detection Tests Offered:

<table>
<thead>
<tr>
<th>Organism</th>
<th>Method</th>
<th>Kit and Manufacturer</th>
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</thead>
<tbody>
<tr>
<td>rotavirus</td>
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<tr>
<td>respiratory syncytial virus</td>
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<tr>
<td>influenza A and/or B</td>
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<tr>
<td>other</td>
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</tbody>
</table>

For any test offered that is not approved by the Food and Drug Administration (FDA), please review the submission guidelines listed under the test approval section of our website. It is acceptable to submit validation materials after the questionnaire has been submitted.

Please provide the name of the person filling out this form:

Name ______________________________ Title ______________________________ Phone number ______________________________

The laboratory director and all responsible assistant directors must sign and print their names below. Add additional spaces as necessary.

Signature, Director ______________________________ Print name and CQ code ______________________________ Date ________________

Signature, Assistant Director ______________________________ Print name and CQ code ______________________________ Date ________________