

NEW YORK STATE DEPARTMENT OF HEALTH
CLINICAL LABORATORY EVALUATION PROGRAM
WADSWORTH CENTER
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Instructions For Notification Of Changes

Clinical Laboratories And Blood Banks

To document changes in laboratory status, and to apply for an amended laboratory permit reflecting the change, or to add or delete categories or analytes, use one or more of the following forms as indicated below:

Form DOH-3519(a) - Complete for a change in laboratory name or owner name.

Form DOH-3519(b) - Complete for a laboratory director change.

Form DOH-3519(c) - Complete for an assistant director change. (A separate form should be used for each change.)

Form DOH-3519(d) - Complete for a laboratory ownership change.

Form DOH-3519(e) - Complete for a laboratory location change.

Form DOH-3519(f) - Complete for the addition and/or deletion of new analytes. This form contains three blocks that you may use to add or delete analytes under categories you already hold on your laboratory permit. (If you are adding or deleting an entire category of testing, or if you are deleting all the analytes under a permit category, only form DOH-3519g is required.) Complete a separate block for each analyte; you may make additional copies of this form as needed. Please indicate additions and deletions on separate forms. If you are adding an analyte, indicate the permit category under which the analyte falls. If you are not certain which category covers the analytes you wish to add please indicate "not known" and we will inform you how the analyte is currently categorized.

Form DOH-3519(g) - Complete for the addition and/or deletion of a new category. This form contains three blocks that you may use to request additions or deletions to the categories that appear on your laboratory permit. Complete a separate block for each category; you may make additional copies of this form as needed. Please indicate additions and deletions on separate forms. Any designated assistant director must sign in the space provided below each block. The laboratory director must sign at the bottom of each form.

Questions should be directed to the Clinical Laboratory Evaluation Program in writing at the above address, by telephone at (518) 485-5378, or by email to CLEPCERT@health.state.ny.us.

NOTE: All signatures must be original. SIGNATURE STAMPS WILL NOT BE ACCEPTED.