NEW YORK STATE DEPARTMENT OF HEALTH Clinical Laboratory Evaluation Program Biggs Lab – Wadsworth Center Empire State Plaza

Certificate of Qualification Questionnaire

Blood Banking Collection - Limited

E-mail: CLEPCQ@health.ny.gov Web: www.wadsworth.org/regulatory/clep

Albany, NY 12237

Instructions:	Complete in full for collections you 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			PFI/CLIA#				
Dates involved	in collection at the ab	ove facility (MI	M/YY-MM/YY)_				
Number of collections each year 20*			20	20	20	20	20
Allogeneic whole blood							
Autogeneic whole blood							
Pheresis components **							
	exceeds 1000 total units therapeutic pheresis pr		ed not be entere	ed.	1		
ls/was collection	under your direct supe	rvision? Yes	s No				
Describe your res	sponsibilities pertinent t	o blood collectio	n:				
direct supervisior	d supervisor/director mun by the applicant.				the collections abo		rmed by and/or under
Print applicant name			Applicant signature			Date	
Print supervisor/director name			Supervisor/director signature			Date	

Supervisor/director's relationship to applicant (e.g. direct supervisor) and how this allows attestation of the applicant's training and/or experience