NEW YORK STATE DEPARTMENT OF HEALTH

Certificate of Qualification Questionnaire

Clinical Laboratory Evaluation Program Biggs Lab – Wadsworth Center Empire State Plaza Albany, NY 12237

Virology

E-mail: CLEPCQ@health.ny.gov

Web: www.wadsworth.org/regulatory/clep

Instructions:	Complete in full for testing 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#		
Test/virus		Dates (MM/YY-MM/YY)		Instrument/platform	Method/chemistry#	FDA- Approved Yes/No
Antigen Detection (sp	pecify virus and add ad	ditional page(s) if	needed)			
Virus Culture (specify	y virus and add addition	nal page(s) if need 	ded)# 			
Malandar Datastica				d:::		
Molecular Detection	and Characterization (s	specity virus or tar	get and add ad 	ditional page(s) if needed	1)	
*FDA-Approved assays and Drug Administration		10k), approved (PM/ n modified to chang	ge the procedure	with Emergency Use Autho or the intended use. Investi (IDE).		
The applicant and supe supervision by the appl		and sign their name	es below to attest	that the testing above was	performed by and/or under	direct
Print applicant name		Applicant sig	Applicant signature		Date	
Print supervisor/director name		Supervisor/d	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