

Mycology

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	Specimen source	Dates (MM/YY-MM/YY)	Volume for dates listed	Instrument/platform	Method/chemistry	FDA- Approved* Yes/No
Direct examinations (KOH mounts, stained smears, etc.)						
Microscopic Examinations						
Yeasts						
Molds						
Yeast Identification						
Conventional Methods						
Commercial Systems						
Mold Identification by Conventional Methods						
<i>Aspergillus</i> species						
Dermatophytes						
Dematiaceous						
Dimorphs						
Hyaline fungi						
Zygomycetes						
Molecular Detection and Characterization (specify organism or target and add additional pages(s) if needed)						
Antifungal Susceptibility Testing (specify organism(s) and add additional page(s) if needed)						
Antigen Testing (specify organism(s) and add additional page(s) if needed)						

*FDA-Approved assays include those cleared (510k), approved (PMA), exempted, or with Emergency Use Authorization (EUA) by the United States Food and Drug Administration (FDA) that have not been modified to change the procedure or the intended use. Investigational Use Only (IUO)-labeled tests are ONLY included when utilized under a specific FDA Investigational Device Exemption (IDE).

The applicant and supervisor/director must print and sign their names below to attest that the testing above was performed by and/or under direct supervision by the applicant.

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