

**NEW YORK STATE DEPARTMENT OF HEALTH
WADSWORTH CENTER
CLINICAL LABORATORY EVALUATION PROGRAM
EMPIRE STATE PLAZA, P.O. BOX 509
ALBANY, NEW YORK 12201-0509
Telephone: (518) 485-5378 Fax: (518) 485-5414
E-mail: CLEP@health.ny.gov
Web: www.wadsworth.org/clep**

**PATIENT SERVICE CENTER
APPLICATION/LOCATION CHANGE
FORM INSTRUCTIONS**

To apply for approval of a new Patient Service Center (PSC) or to notify the Department of a change in location, the parent laboratory must complete and submit a PSC Application / Location Change form including the self-assessment documenting that the PSC will be operated in compliance with Department requirements. If the application is complete and the responses to the self-assessment questions are satisfactory, a letter will be issued granting approval to operate the new or relocated PSC for three months. An on-site survey will be conducted during this three-month period and if the PSC is found to be in compliance, the PSC approval certificate will be issued. Continuing on-site surveys of approved PSC sites will occur periodically.

1. All applicants are required to provide a floor plan of the PSC that illustrates the relationship between the PSC and any other health services purveyor(s).
2. Laboratories responding "yes" to question 5 must include a copy of the lease/rental agreement for the space occupied by the proposed PSC.
3. The following definitions are applicable:
 - (a) A patient service center is a facility, fixed or mobile, operated by a clinical laboratory under permit, for the collection, drawing and/or temporary storage of materials derived from the human body, until forwarded to the clinical laboratory for testing.
 - (b) The "parent laboratory" is the clinical laboratory under permit that operates or proposes to operate the PSC named on the application form.
 - (c) "Adjacent to" means within 100 feet of.
 - (d) Health services purveyor (HSP) means any person, firm, partnership, group, association, business corporation, not-for-profit corporation, professional corporation, limited liability company, or any agent, employee, fiduciary, employer or representative thereof, including, but not limited to, any entity that provides health related services, a physician, dentist, podiatrist, chiropractor, either in individual practice, group practice or employed in a facility owned by any person, group, association, firm, partnership, business corporation, not-for-profit corporation, professional corporation, limited liability company, hiring any one of the aforementioned practitioners who provides health or health related services.