

**NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER  
CLINICAL LABORATORY EVALUATION PROGRAM  
EMPIRE STATE PLAZA, P.O. BOX 509  
ALBANY, NEW YORK 12201-0509**

**Laboratory/HCS Affiliation Request**

**Telephone: (518) 485-5378 Fax: (518) 449-6901**

**E-mail: [CLEP@health.ny.gov](mailto:CLEP@health.ny.gov)**

**Web: [www.wadsworth.org/regulatory/clep](http://www.wadsworth.org/regulatory/clep)**

The following information is required to establish Health Commerce System (HCS) accounts for your laboratory. The creation of an HCS account will allow access to the Electronic Proficiency Test Reporting System (EPTRS) and eCLEP, an electronic laboratory permit information management tool. The Laboratory Director of record must be affiliated as the HCS Administrator of the clinical laboratory, on or before the date of appointment, before other individuals will be allowed access to HCS. Please note this affiliation process must be completed for each laboratory that you direct. Note: Electronic notification of a change in laboratory director via HCS does not constitute proper notification to the Clinical Laboratory Evaluation Program for purposes of the clinical laboratory permit.

The Laboratory Director may designate an HCS coordinator(s) to create, update and assign HCS account roles to laboratory staff by completing the HCS Coordinator section below. By default, the Laboratory Director is also designated as an HCS Coordinator.

The information that you provide will be used to create account request applications that will need to be signed and notarized. These applications will be forwarded to the Laboratory Director and the designated HCS Coordinator(s) as Adobe pdf files via the e-mail address(es) provided below. You may choose to provide the same email address for both the Laboratory Director and the HCS Coordinator.

**Please fax this completed form to (518) 449-6901.**

Facility Name

PFI # (if known)

Laboratory Director's Name  
(as it appears on the Certificate of Qualification)

Director's HCS login User ID (if known)

Month and Day of Birth

Facility Address

Director telephone number

Director Fax number

Director email address

HCS Coordinator's Name

HCS Coordinators login User ID (if known)

Month/Day of Birth

Office telephone number

E-mail address

Please indicate if HCS Coordinator is new, in addition to an existing coordinator, or replacing an existing coordinator.

**New**

**Additional**

**Replacing**

Name of HCS Coordinator being replaced:

Retain account for replaced coordinator as a user at this facility?

**Yes**

**No**