NEW YORK STATE DEPARTMENT OF HEALTH

Certificate of Qualification Questionnaire

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

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

Andrology

		CQ Code (if known)					
lame of facility							
Number of tests performed or supervised each year	20	20	20	20	20	20	
Semen analysis							
Other Andrology tests (specify)							
Detail your responsibilities:							
	r must sign an	d print their na	mes below.				
The applicant and supervisor/directo	· ·						
The applicant and supervisor/directo Print applicant name	-	Applicant signa	ture		Da	ate	