NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center - Clinical Laboratory Evaluation Program Empire State Plaza
Albany, NY 12237
E-mail: CLEPCQ@health.ny.gov
Web: www.wadsworth.org/regulatory/clep

Certificate of Qualification Questionnaire

Blood Banking Collection - Limited

Instructions:	Complete in full and obtain all appropriate signatures. Submit this form along with any applicable letters of documentation to the NYS Department of Health at the address listed above.

Name _____

Name of collection facility _____

Dates involved in collection at the above facility _____

Number of collections each year	20___ *	20___	20___	20___	20___	20___
Allogeneic whole blood						
Autogeneic whole blood						
Pheresis components **						

* If current year exceeds 1000 total units, other years need not be entered.
** Do not include therapeutic pheresis procedures.

Is/was collection under your **direct** supervision? ☐ Yes ☐ No

Describe your responsibilities pertinent to blood collection:

The applicant and supervisor/director must sign and print their names below.

_____ _____ _____
Print applicant name | Applicant signature | Date

_____ _____ _____
Print supervisor/director name | Supervisor/director signature | Date