

**NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER  
CLINICAL LABORATORY EVALUATION PROGRAM**

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

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

## Laboratory/HCS Affiliation Request

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 eCLEP, an electronic laboratory permit information management tool. By default, a laboratory director and any responsible assistant directors with a current HCS account have automatic access to eCLEP. However, the Laboratory Director of record must affiliate that account as the HCS Administrator for each clinical laboratory that he/she directs.

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. **New laboratories are strongly encouraged to assign an alternate HCS Coordinator.**

Initially, only the Laboratory Director and Assistant Director(s) are granted access to eCLEP after the Laboratory Director's HCS account is created and affiliated. If the Laboratory Director would like other staff, including an existing HCS Coordinator, to have access to eCLEP, a Delegated Submitter form must be submitted for each user. Delegated Submitter requests can be processed only after the user's HCS account has been created.

**Note:** Electronic notification of a change in laboratory director in the HCS does not constitute proper notification to the Clinical Laboratory Evaluation Program for purposes of the clinical laboratory permit. **Proper notification is made when a change in laboratory director is submitted in the eCLEP system.**

The information requested below will be used to create Account Applications that will need to be signed and notarized. These applications will be forwarded to the Laboratory Director and/or the designated HCS Coordinator(s) as Adobe pdf files via the e-mail address(es) provided below.

**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 Coordinator's 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**