**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

## Virology

| Instructions: | Complete in full for testing that you have personally performed, supervised and/or directed. Obtain all appropriate signatures and submit this form along with any applicable letters of documentation to the NYS Department of Health at the address listed above. |
|---|---|

Name_____ CQ Code (if known)_____

Name of facility _____

| Virus and specimen source (if applicable) | Dates MM/YY-MM/YY | Tests per year | Instrument/platform | Method/Chemistry | FDA/EUA Approved Yes/No |
|---|---|---|---|---|---|
| Antigen Detection (list viruses) | | | | | |
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| Virus culture (list viruses*) | | | | | |
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| Molecular detection and characterization (list viruses) | | | | | |
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* List method used for confirmation in Method/Chemistry column.

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

| Print applicant name | Applicant signature | Date |
|---|---|---|
| Print supervisor/director name | Supervisor/director signature | Date |