

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

*Document to assign Delegated Submitter
status to an existing Health Commerce
System (HCS) holder*

Telephone: (518) 485-5378 Fax: (518) 485-5414

E-mail: CLEP@health.ny.gov

Web: www.wadsworth.org/regulatory/clep

Completion and submission of this document to the Clinical Laboratory Evaluation Program (CLEP) will provide Delegated Submitter status to the individual indicated. This access provides the permission necessary for the laboratory director or responsible assistant director permission to enter submit changes to the laboratory operations and enter and submit the laboratory's permit reapplication via *eCLEP*. By default, a laboratory director or responsible assistant director with an HCS account has automatic access to *eCLEP*.

A Delegated Submitter is any other individual who has been given written authorization by the laboratory director to electronically enter and submit data to the department in lieu of the director. By completing this document, the laboratory director is authorizing the designated individual to submit data on his behalf. The laboratory director is ultimately responsible for the information presented to the department using these electronic reporting mechanisms. Please be advised that the laboratory director and the laboratory owner remain ultimately responsible for the information presented to the department.

This document needs to be completed and signed for each individual that is to be assigned Delegated Submitter status. Revocation of an existing Delegated Submitter status may also be performed using this document.

If the individual proposed as a Delegated Submitter does not hold currently hold an HCS account, the laboratory's HCS Coordinator must request an account using the Coordinator Account Tools located on the HCS. This step must be completed by the laboratory before Delegated Submitter access can be granted.

Each individual user must have an HCS account. It is a violation of the security agreement to use another individual's account and could result in a termination of HCS access rights and possible prosecution if data security is compromised as a result of the violation.

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The Laboratory Director of record, as indicated on NYSDOH laboratory permit, must sign this document.

| | |
|----------------|--|
| Lab PFI Number | |
| Facility Name | |

| | |
|--|--|
| Delegated Submitter's Name (no nicknames or initials) | |
| HCS login User ID | |
| Title | |
| Telephone number | |
| E-mail address | |

| | |
|--------------------------|--|
| <input type="checkbox"/> | Request to add Delegated Submitter status |
|--------------------------|--|

| | |
|--------------------------|---|
| <input type="checkbox"/> | Request to revoke Delegated Submitter status |
|--------------------------|---|

By signing below, I attest that the individual indicated above to be the Delegated Submitter is authorized to enter and submit information to the department in my stead. I acknowledge that I remain ultimately responsible for all information presented on my behalf by this individual. I also acknowledge that Article 5, Title V, Section 575 of New York State Public Health Law stipulates that a laboratory permit is automatically void upon a change of director, owner or location. I also understand that penalties may apply if facts or information regarding the initial and continuing eligibility for said laboratory permit are misrepresented, concealed, or undisclosed. Further, I understand that offering a false instrument constitutes a crime under the penal law of the State of New York (NYS Penal Law Article 175). Such misrepresentation may subject parties who file a false instrument to criminal prosecution.

| | |
|--|--|
| Laboratory Director Name (as listed on the laboratory permit) | |
| Director's HCS login User ID | |
| Director's Signature | |

Please return this form, by one method only, to: Clinical Laboratory Evaluation Program

FAX: (518) 485-5414 or (518) 449-6901

Scanned PDF to clep@health.ny.gov

Signed hard copy to: PO Box 509, Empire State Plaza, Albany, NY 12201-0509