## NEW YORK STATE DEPARTMENT OF HEALTH

## **Certificate of Qualification Questionnaire**

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

Cellular Immunology

E-mail: CLEPCQ@health.ny.gov

Web: www.wadsworth.org/regulatory/clep

Instructions:		t this form along v		supervised and/or directe ble letters of documentat		
Name				CQ Code (if known)		
Name of facility				_ PFI/CLIA#		
Test/analyte	Specimen source	Dates (MM/YY-MM/YY)	Volume for dates listed	Instrument/platform	Method/chemistry	FDA- Approved Yes/No
Leukocyte Function	(add additional page(s)	if needed)	I		1	
Malignant Leukocyto	e Immunophenotyping (	add additional pag	ge(s) if needed)		I	
Non-malignant Leuk	cocyte Immunophenotyp	oing (add additiona	al page(s) if nee	eded)		
Food and Drug Adminitests are ONLY include		ot been modified to pecific FDA Investig	change the proc pational Device E			
		•	•	pervision: res	140	
If No, what perce	entage was under your	direct supervisior	1?			
The applicant and supervision by the		rint and sign their na	ames below to at	test that the testing above w	as performed by and/or ur	nder direct
Print applicant name			t signature		Date	
Print supervisor/director name			or/director signat	ure	Date	

Supervisor/director's relationship to applicant (e.g. direct supervisor) and how this allows attestation of the applicant's training and/or experience