

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

**Director HCS Affiliation Request**

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

E-mail: [CLEP@health.ny.gov](mailto:CLEP@health.ny.gov)

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

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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.

**Note: This form does not constitute proper notification of change of Director 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 e-mail from [CAMU@its.ny.gov](mailto:CAMU@its.ny.gov) to the email address(es) provided below.

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

<b>Director's Signature</b>	
<b>Date signed</b>	

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](mailto:clep@health.ny.gov)