

NYSDOH FOIL Example

[Date]

Department of Health Records Access Office

Corning Tower

Room 2364

Albany NY, 12237-0044

I am requesting the following information in regards to SARS-CoV-2 / Covid 19.

1. Actual test / tests being used.
2. Specific protein or viral load being tested for each of the tests being used.
3. Accuracy of each test being used.
4. Turn around time from sample submission to results obtained for each test being used.
5. Number of actual positive cases to date, specifically for SARS-CoV-2 / Covid 19.
6. Number of false positives cases to date, specifically for SARS-CoV-2 / Covid 19.
7. Evidence that mandatory masks are working to reduce the spread of Covid19

8. Documentation that Covid19 virus meets the requirements of a state of emergency and evidence of thereof.

Please provide the price of the records with certification fee. If any of the above information cannot be provided, I request a detailed explanation of the reason why.