

Change Request Application Form – Standard Outpatient Laboratory Requisition

(Submit completed application to requisitions@phsa.ca)

Section 1	Application Information			
Requestor	Application Date			
Information	Name	Title/Position		
	Email	Phone No.		
	Indicate your professional field			
	Physician	Nurse Practitioner	RN / RPN	
	Midwife	Laboratory	Other	
	Indicate the requisition(s) to be c	hanged		
	Standard Outpatient Laboratory Requisition Standard Outpatient Laboratory Requisition for Maternal Care Standard Outpatient Laboratory Requisition for Pharmacists			

Section 2 Patient and/or Practitioner Demographics

Patient and	Describe in detail the change desired
Practitioner	
Section	
	What is the rational for the change?

Section 3 1	Test Information		
Test and	Check all sections that apply		
Clinical	Hematology	Urine Tests	Chemistry
Section	Microbiology	Stool Tests	Miscellaneous Tests
	Serology Tests	Standing Orders	Therapeutic Drugs / Drug Screening
	Describe in detail the change desired		
	What is the rational for the change?		
	Does this change align with BC clinical p	ractice guidelines? Explain	
	1		



Section 4 Assessment

Note: Provincia	l Laboratory Medicine Services Use Only		
Laboratory Services Assessment	Does the change align with requisition policy? Explain		
	Is there impact on fee-for-service schedules? Explain		
	Is the change possible within space considerations? Explain		
Discipline Advisory	Is advisory committee opinion required? Yes	No	
Committee	Advisory Committee:		
Assessment	Does the change align with clinical practice guidelines?		
	Will change impact utilization? If yes to what degree?		
	Does the change improve service delivery? Explain		
	Does the Advisory Committee recommend the change? Explain		
Decision	Request Number :	Approved	Rejected
	Additional Comments:		

Requestor Notified of Decision Change Request Log Updated Associated Documents Saved