

To Whom It May Concern:

The health authorities in British Columbia provide services to non residents of Canada on an urgent or emergent basis only. Specimens from elective medical services are not accepted and will be returned to the submitting physician.

For Urgent/Emergent Specimens:

Non residents of Canada must sign a **Governing Law and Jurisdiction Agreement** (“waiver”). This signed waiver must be submitted along with the pathology requisition and specimen. When a specimen is received without a signed waiver the submitting physician will be notified and the specimen will be held but not processed.

The specimen requisition must include the complete name, phone number and home address of the patient. Failure to provide this information will result in a delay in processing the specimen. The patient will be invoiced by the health authority finance department for the pathology services provided.

Payment instructions will be provided on the invoice.

Please find attached a copy of the required waiver to be signed and returned to the Pathology Laboratory.

Provincial Laboratory Medicine Services

On behalf of the local Health Authority

**Governing Law and Jurisdiction Agreement**

**Governing Law**

I hereby agree that the relationship and the resolution of any and all disputes between myself, the pathologists and the health authority (including its Board, officers, employees, contractors and agents), arising from the provision of laboratory testing services and any other issues relating to this Agreement, shall be governed by and construed in accordance with the laws of the Province of British Columbia and the laws of Canada applicable therein.

**Jurisdiction**

I hereby acknowledge that the laboratory testing will be performed in the Province of British Columbia and that the Courts of the Province of British Columbia shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding or cause of action, whatsoever arising out the laboratory testing. I hereby agree that if I commence any such legal proceedings, I will do so only in the Province of British Columbia, and hereby irrevocably submit to the exclusive and preferential jurisdiction of the Courts of the Province of British Columbia.

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Patient Signature

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Witness Signature

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Printed Name

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

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Date