



## Application Form – Request to Amend a Previously Approved Requisition

(Submit completed application and required documents to: [requisitions@phsa.ca](mailto:requisitions@phsa.ca))

### Section 1 Application Information

Date and Requestor contact Information	Application Date	Proposed Start Date
	Name	Title/Position
	Email	Phone No.

### Section 2 Facility Information

Facility Information	Legal Name
	Address
	Organization
Medical Director	Name
	Email
	Phone

### Section 3 Requisition Information

Requisition Information	Full title of (previously approved) Laboratory Requisition	
	Form Number	Version

**Note: A copy of the requisition must accompany this application.**

### Section 4 Description and Rationale of Changes

Header	Describe in detail the change to the header								
	Provide the rationale for the change								
	Indicate if the following elements are present on the revised requisition :								
	Organization Name and/or Logo	Full Title of the Requisition (Required)	BC Guideline Reference Statement						
Yes	No	Yes	No	N/A	Yes	No			



<b>Patient Information Section</b>	Describe in detail the change to the patient section											
	Provide the rational for the change											
	<p>Indicate if the following elements are present on the revised requisition :</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 33%;">First &amp; Last Name (Required)</td> <td style="text-align: center; width: 33%;">Date of Birth (Required)</td> <td style="text-align: center; width: 33%;">Sex: M, F, X, Unk (Required)</td> </tr> <tr> <td style="text-align: center;">Yes      No</td> <td style="text-align: center;">Yes      No</td> <td style="text-align: center;">Yes      No</td> </tr> <tr> <td style="text-align: center;">Provincial Health Number (Required)</td> <td style="text-align: center;">Address with Postal Code</td> <td style="text-align: center;">Telephone Number</td> </tr> <tr> <td style="text-align: center;">Yes      No</td> <td style="text-align: center;">Yes      No</td> <td style="text-align: center;">Yes      No</td> </tr> </table>	First & Last Name (Required)	Date of Birth (Required)	Sex: M, F, X, Unk (Required)	Yes      No	Yes      No	Yes      No	Provincial Health Number (Required)	Address with Postal Code	Telephone Number	Yes      No	Yes      No
First & Last Name (Required)	Date of Birth (Required)	Sex: M, F, X, Unk (Required)										
Yes      No	Yes      No	Yes      No										
Provincial Health Number (Required)	Address with Postal Code	Telephone Number										
Yes      No	Yes      No	Yes      No										
<b>Practitioner Information Section</b>	Describe in detail the change to the practitioner section											
	Provide the rational for the change											
	<p>Indicate if the following elements are present on the revised requisition :</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; width: 50%;">Referring Practitioner: First &amp; Last Name (Required)</td> <td style="text-align: center; width: 50%;">Referring Practitioner: MSP Number (Required)</td> </tr> <tr> <td style="text-align: center;">Yes      No</td> <td style="text-align: center;">Yes      No</td> </tr> <tr> <td style="text-align: center;">Referring Practitioner: Address &amp; Telephone No.</td> <td style="text-align: center;">Copy to Practitioner: First &amp; Last Name, and MSP #</td> </tr> <tr> <td style="text-align: center;">Yes      No</td> <td style="text-align: center;">Yes      No</td> </tr> </table>	Referring Practitioner: First & Last Name (Required)	Referring Practitioner: MSP Number (Required)	Yes      No	Yes      No	Referring Practitioner: Address & Telephone No.	Copy to Practitioner: First & Last Name, and MSP #	Yes      No	Yes      No			
Referring Practitioner: First & Last Name (Required)	Referring Practitioner: MSP Number (Required)											
Yes      No	Yes      No											
Referring Practitioner: Address & Telephone No.	Copy to Practitioner: First & Last Name, and MSP #											
Yes      No	Yes      No											
<b>Test and Clinical Section</b>	Describe in detail the change to the test & clinical information section											
	Provide the rational for the change											
	Does this change align with BC clinical practice guidelines? Explain											



	Indicate if the following elements are present on the revised requisition :								
	Diagnosis / Relevant Clinical History (Required)		Current Medications with Date and Time of Last Dose			Indication of relevant BC Guidelines			
	Yes	No	N/A	Yes	No	N/A	Yes	No	
	Specimen Collection Date and Time (Required)		Collection Site and/or Sample Type			Specimen collector name			
	Yes	No	N/A	Yes	No	N/A	Yes	No	
Footer & Signature Section	Describe in detail the change to the footer, signature, collection and privacy section								
	Provide the rational for the change								
	Indicate if the following elements are present on the revised requisition :								
Intended Use	Referring Practitioner Signature and Date Signed (Required)					Yes	No		
	Standard privacy statement (Required)					Yes	No		
	Requisition number and version (Required)					Yes	No		
	Inpatient testing only			Outpatient testing only					
Inpatient and Outpatient testing			Specialty clinic						
Provincial program (used by all sites)			Health Authority specific						
Tests are reimbursed via: ( select all that apply below )									
MSP Funding			Global Funding			Program Funding		Private Pay	

**Section 5 Stakeholder Consultation**

	List the stakeholders consulted in the revision of the requisition		
	Name	Title / Position	Organization