PROVINCIAL LABORATORY MEDICINE SERVICES
Provincial Health Services Authority

Laboratory Services
Requisitions

Application Form – Request to Amend a Previously Approved Requisition

(Submit completed application and required documents to: 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 rational for the change
	Indicate if the following elements are present on the revised requisition :
	Organization Name and/or Logo ◯ Yes ◯ No
	Full Title of the Requisition (Required) ◯ Yes ◯ No
	BC Guideline Reference Statement ◯ N/A ◯ Yes ◯ No

Patient Information Section	Describe in detail the change to the patient section Provide the rational for the change Indicate if the following elements are present on the revised requisition : First & Last Name (Required) ◯ Yes ◯ No Date of Birth (Required) ◯ Yes ◯ No Sex: M, F, X , Unk (Required) ◯ Yes ◯ No Provincial Health Number (Required) ◯ Yes ◯ No Address with Postal Code ◯ Yes ◯ No Telephone Number ◯ Yes ◯ No
Practitioner Information Section	Describe in detail the change to the practitioner section Provide the rational for the change Indicate if the following elements are present on the revised requisition : Referring Practitioner: First & Last Name (Required) ◯ Yes ◯ No Referring Practitioner: MSP Number (Required) ◯ Yes ◯ No Referring Practitioner: Address & Telephone No. ◯ Yes ◯ No Copy to Practitioner: First & Last Name, and MSP # ◯ Yes ◯ No
Test and Clinical Section	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) ◯ Yes ◯ No Current Medications with Date and Time of Last Dose ◯ N/A ◯ Yes ◯ No Indication of relevant BC Guidelines ◯ N/A ◯ Yes ◯ No Specimen Collection Date and Time (Required) ◯ Yes ◯ No Collection Site and/or Sample Type ◯ N/A ◯ Yes ◯ No Specimen collector name ◯ 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 : Referring Practitioner Signature and Date Signed (Required) ◯ Yes ◯ No Standard privacy statement (Required) ◯ Yes ◯ No Requisition number and version (Required) ◯ Yes ◯ No
Intended Use	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