



Change Request Application Form
Provincial Anatomical Pathology Consultation Requisition

(Submit completed application to requisitions@phsa.ca)

Requestor Information	Application Date		
	Name	Title/Position	
	Email	Phone No.	
	Indicate your professional field		
	Physician	Nurse Practitioner	RN / RPN
	Midwife	Laboratory	Other:

Change Request	Describe in detail the change desired
	What is the rationale for the change?

Note: Provincial Laboratory Medicine Services Use Only

Laboratory Services Assessment	Does the change align with requisition policy? Explain
	Is the change possible within space considerations? Explain
Provincial Anatomical Pathology Discipline Committee Assessment	Is advisory committee opinion required? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Does the change improve service delivery? Explain.
	Does the change benefit one health authority only? Explain.
	Does the Provincial AP Advisory Committee recommend the change? Explain.

Decision	Request Number	Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>
	Additional Comments		
	Requestor Notified of Decision <input type="checkbox"/>	Change Request Log Updated <input type="checkbox"/>	Associated Documents Saved <input type="checkbox"/>