

Change Request Application Form – Standard Outpatient Laboratory Requisitions

(Submit completed application to requisitions@phsa.ca)

Section 1 Application Information

Requestor Information	Application Date				
	Name	Title/Position			
	Email	Phone No.			
	Indicate your professional field				
	Physician	Nurse Practitioner	RN / RF	PN	Pharmacist
	Midwife	Laboratory	Other	Specify:	
	Indicate the requisition(s) to be changed				
	Standard Outpatient Laboratory Requisition				
	Standard Outpatient Laboratory Requisition for Maternal Care				
	Standard Outpatient Laboratory Requisition for Pharmacists				

Section 2 Patient and/or Practitioner Demographics Section

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

Section 3 Test Information Section

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?		
	what is the rational for the change:		
	Does this change align with BC clinical p	practice guidelines? Explain	

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Section 4 Assessment

Note: Provincial 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 Committee Assessment	Is advisory committee opinion required? Advisory Committee: 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				

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Decision	Request Number : Explanation:	Appro	ved Rejected
	Requestor Notified of Decision	Change Request Log Updated	Associated Documents Saved

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