

Pharmacist Laboratory Registration Form

This form must be completed and submitted by Fax to 1-877-412-4440 or 1-604-412-4445 for laboratory operators to be able to process a pharmacist's requisition and provide result reports.

Indicate which type of registration is required.

New registration

Update pharmacist info

Update work location

Note: to ensure accurate and timely report delivery please submit a new form when any information changes.

Pharmacist Information. All fields must be completed.

Last Name

First Name

Middle Name

MSP Practitioner Number

Email Address

Telephone Number

Number available 24 hours per day?

Yes

No

24 Hour Telephone if No above

Required for Critical Results notification

Note: Laboratory operators may contact you to clarify information on requisitions if information is missing, illegible or ambiguous.

Primary Work Location Information. All fields must be completed.

Note: Laboratory operators cannot support multiple work locations. Only the primary work location fax number will be used for faxed reports.

Name

Address

City

Postal Code

Fax Number

Note: Fax numbers will be verified

Signature

Date

Fax completed form to 1-877-412-4440 or 1-604-412-4445.