

INTAKE FORM: Approved Laboratory Requisition Change Request

Instructions:

1. Complete Sections 1 - 3.
2. Email the following to requisitions@phsa.ca
 - this completed form and
 - additional attachments (if applicable).

All laboratory requisition forms must:

- Identify mandatory information required as part of the Clinical Record per the Laboratory Services Act and its regulations, LSR 13(2) as well as any clinical information deemed critical by the laboratory to support testing.
- Highlight any tests that are associated with a BC Guideline or Protocol to encourage appropriate utilization.

The requester must understand and agree that all requests for changes submitted to Provincial Laboratory Medicine Services may be publicly available.

Section 1. Requisition information

Full title of Approved Laboratory Requisition	
Form number (and/or version)	

Section 2. Change request and rationale

Layout section	Proposed change and rationale (attachments may be included)
1. Header	
2. Patient Information	
3. Practitioner Information	
4. Tests and Clinical Information	
5. Practitioner Signature, Collection Information, Privacy	

Section 3. Requester information

Name			
Title and organization affiliation of requester			
Specialty clinic or program (if applicable)			
Email		Phone	
Approved by <i>(Name of Medical Director)</i>			

Section 4. Intake (Internal Use)

Received by	Name			
	Date		Attachments	Yes No
	Case Number			