



## Application Form – Moratorium Exemption Request – Existing Facility

(Submit request through the secure upload tool: <https://labfacilities.phsa.ca/secureupload>)

### Section 1 Application Information

Date Info	Application Date	Proposed Start Date	
Facility Type	Specimen Collection	Testing Laboratory	Combined
Requestor contact information	Name	Title/Position	
	Email	Phone No.	

### Section 2 Facility Information

Facility Information	Legal Name
	Address
	Organization

### Section 3 Sample Collection Facility Relocation

Sample Collection Facility Relocation	New Address		
	Proposed Opening Date		
	Square Feet	Current	Proposed
	Patient Washrooms	Current	Proposed
	Staff Washrooms	Current	Proposed
	Amount of Free Parking	Current	Proposed
	Amount of Paid Parking	Current	Proposed
	Number of chairs	Current	Proposed
	Number of beds	Current	Proposed
	Number of positions	Current	Proposed
	Current Average Monthly Patient Volume		
	Current Average Daily Patient Wait Times		
	Days Per Week Throughput is Over Capacity		
	ECGs Performed		
Holter Monitoring			



	Ambulatory BP Monitoring
	Current Days and Hours of Operation
	Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday    Stats
	Proposed Days and Hours of Operation
	Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday    Stats
	If a change in chairs is proposed explain in detail the reason/need
	Benefits the new site provides that have not already been detailed above
	Explain in detail the reason/need for the relocation

**Section 4    Sample Collection Facility Capacity Increase**

Sample Collection Facility Capacity Increase	Number of chairs	Current	Proposed
	Number of beds	Current	Proposed
	Number of positions	Current	Proposed
	Current Average Monthly Patient Volume		
	Current Average Daily Patient Wait Times		
	Days Per Week Throughput is Over Capacity		
	ECGs Performed		
	Holter Monitoring		
	Ambulatory BP Monitoring		



	<b>Current Days and Hours of Operation</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Stats
	<b>Proposed Days and Hours of Operation</b>							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Stats
	Explain in detail the reason/need for the capacity change							

**Section 5 Testing Services Increase**

<b>New or Additional Testing Services</b>	<b>Fee-for Service Categories (check all applicable boxes)</b>	<b>Current Volume</b>	<b>Anticipated Volume</b>
	Category 1 – General Laboratory Tests		
	Category 2A – Hematology		
	Category 2B – Microbiology		
	Category 2C – Clinical Chemistry		
	Category 2M – Category 3 minus all Microbiology fee items		
	Category 3 – Full approval excluding categories 2G, 2V, 2S		
	Category 2G – Cytogenetics		
	Category 2V – Virology		
	Category 2S – Specialized		
	<b>Individual Fee Item Numbers and Test Names</b>	<b>Current Volume</b>	<b>Anticipated Volume</b>



	Square Feet	Current	Proposed
	Number of staff	Current	Proposed
	Provide details on where staff will be recruited from including any contracted staff		

**Section 6 Accreditation Information**

<b>Diagnostic Accreditation Program (DAP) Status</b>	Accredited	Effective Date	Expiry Date
	DAP Facility Code		
	Check all Accredited Scopes of Service		
	Sample Collection		
	Anatomical Pathology		
	Chemistry		
	Hematology		
	Microbiology		
	Molecular Diagnostics		
	Point of Care Testing		
	Transfusion Medicine		
	Accreditation Pending	Provisional Accreditation Date	
	Check all Scopes of Service to be Accredited		
	Sample Collection		
	Anatomical Pathology		
Chemistry			
Hematology			
Microbiology			
Molecular Diagnostics			
Point of Care Testing			
Transfusion Medicine			
Accreditation Withdrawn/Denied (provide details)			



**Section 7 Exemption Criteria**

<b>Applicable Exemption Criteria</b> <i>Complete all that apply</i>	<b>Urgent Health Need</b> Explain in detail
	<b>Safety need</b> Explain in detail
	<b>Business need</b> Explain in detail



**Section 8 Additional Information**

Additional information	Provide details of any First Nations or Indigenous populations in the proposed service area
	Provide details of any vulnerable and/or marginalized populations in the proposed service area
	Provide details of any other laboratory service providers who have been consulted regarding any of the proposed services
	Provide any other information relevant to this application
<i>Attach any other supporting documents relevant to this application</i>	