



Application Form – New Requisition

(Submit completed application and required documents to: requisitions@phsa.ca)

Section 1 Application Information

Date Info Requestor contact information	Application Date	Proposed Start Date
	Name	Title/Position
	Email	Phone No.

Section 2 Facility Information

Facility Information	Legal Name
	Address
	Organization
Medical Director	Name
	Email
	Phone

Section 3 Requisition

Requisition Information	Full title of Laboratory Requisition		
	Form Number	Version	
Note: A copy of the new requisition must accompany this application.	Does this requisition replace or negate the need for an existing approved requisition?	Yes	No
	If yes provide the title(s) and attach a copy of the form(s) being replaced		
	Indicate if the requisition contains all the following required elements:		
	Header	Organization Name and/or Logo	Yes
Patient	Full Title of the requisition	Yes	No
	BC Guideline reference statement (if applicable)	Yes	No
	Last Name, First Name	Yes	No
	Date of Birth	Yes	No
	Sex: Female, Male, Unknown, X	Yes	No
	Provincial Health Number (PHN)	Yes	No



Practitioner	Address: Unit number, Street Name, Town/City, Postal Code	Yes	No
	Telephone Number	Yes	No
	Last Name, First Name	Yes	No
	MSP Number	Yes	No
Tests	Address: Unit number, Street Name, Town/City, Postal Code	Yes	No
	Telephone Number	Yes	No
	Copy to Practitioner: Last Name, First Name, MSP Number	Yes	No
	Diagnosis and/or relevant clinical history	Yes	No
	Current medications including date/time of last dose	Yes	No
	Test selection including: Indication of relevant BC Guidelines	Yes	No
	Collection Site if relevant	Yes	No
Footer	Sample Type if relevant	Yes	No
	Ordering practitioner signature and date	Yes	No
	Specimen collection date and time	Yes	No
	Specimen collector	Yes	No
Intended Use	Standard privacy statement	Yes	No
	Requisition number and version	Yes	No
	Inpatient testing only		
	Outpatient testing only		
	Inpatient and Outpatient testing		
	Specialty clinic		
	Provincial program (used by all sites)		
	Health Authority specific		

Section 4 Rationale

	Describe in detail the rationale for this new requisition
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Section 5 Stakeholder Consultation

	List the stakeholders consulted in creation of the requisition			
	<table border="1"><thead><tr><th data-bbox="349 346 1088 388">Name</th><th data-bbox="1088 346 1469 388">Organization</th></tr></thead><tbody><tr><td colspan="2" data-bbox="349 388 1469 766"> </td></tr></tbody></table>	Name	Organization	
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