



Change Request Application Form – Standard Outpatient Laboratory Requisition

(Submit completed application to: requisitions@hssbc.ca)

Section 1 Application Information

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

Section 2 Patient Demographics

Patient Information Changes	Describe in detail the change desired
	What is the rational for the change?

Section 3 Practitioner Demographics

Practitioner Information Changes	Describe in detail the change desired
	What is the rational for the change?

Section 4 Test Information

Test Information Changes	Check all sections that apply		
	Hematology	Urine Tests	Chemistry
	Microbiology	Stool Tests	Miscellaneous Tests
	Other Tests	Standing Orders	
	Describe in detail the change desired		



	<p>What is the rationale for the change?</p> <p>Does this change align with BC clinical practice guidelines? Explain</p>
--	--

Section 5 Assessment

Note: Provincial Laboratory Medicine Services Use Only

<p>Laboratory Services Assessment</p>	<p>Does the change align with requisition policy? Explain</p> <p>Does the change align with utilization guidelines? Explain</p> <p>Is the change possible within space considerations? Explain</p>
---	--

<p>Discipline Advisory Committee Assessment</p>	<p>Advisory Committee</p> <p>Does the change align with clinical practice guidelines?</p> <p>Will change impact utilization? If yes to what degree?</p> <p>Does the change improve service delivery? Explain</p> <p>Does the Advisory Committee recommend the change? Explain</p>
---	---

<p>Decision</p>	<p>Approved – add to approved change log Rejected</p> <p>Advise applicant of outcome</p>
-----------------	---