



Notification Form – Facility Disruption

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

Section 1 Notification Information

Note: Permanent closures require a Facility Amendment Application

Date Info	Notification Date		
	Disruption Start Date	Disruption End Date	
	Disruption Start Time	Disruption End Time	
	Notifier contact information		
Notifier contact information	Name		Title/Position
	Email		Phone No.

Section 2 Facility Information

Facility Details	Facility ID		
	Facility Name		
	Facility Address		
	Organization		

Section 3 Disruption Information

Scope	Indicate the scope of the disruption		
	Planned	Unplanned	
Service Affected	Indicate service affected		
	Specimen Collection	Testing Laboratory	Both
Operational Change	Indicate the operational change		
	Decreased hours	Delayed opening	Full Closure
	Increased hours	Reduced days	Reduced Services
Cause	Indicate the disruption cause category		
	Environmental	Facility Issues	Human Resources
	Utilities	Other – Specify:	
Describe the cause of the disruption			

Section 4 Disruption Mitigation

Mitigation Action <i>Check all that apply</i>	Appointments Rescheduled	Healthcare Providers Notified	Phone System Updated
	Patients Redirected	Signs Posted	Staff Redeployed
	Website Updated	Other – Specify:	