PROVINCIAL LABORATORY MEDICINE SERVICES
Provincial Health Services Authority

Application to Add or Delete a Test from a Practitioner Schedule

Note: Applications can only be initiated by a Professional College

Section 1   **Applicant Information**

Applicant College Schedule	Application Date	
	Name	Title/Position
	Email	Phone No.
	Professional College	
	Podiatrists Registered Nurses	Registered Nurses (Certified)
	Midwives Reg. Psychiatric Nurses	Reg. Psychiatric Nurses (Certified)

Section 2   **Test Information**

Test Scope of Practice Rationale Supporting Documents	Test Name
	Fee Code
	Change Requested Add Delete
	Does the test fit within the referring practitioner's current scope of practice?
	Yes No N/A
	Can the practitioner take independent appropriate clinical action on the test result?
	Yes No N/A
	What is the rationale for the change?
	Supporting documents attached
	Yes No