



Application Form – Request to Amend a Facility Approval

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

Section 1 Application Information

Date Info Requestor contact information	Application Date	Effective Date
	Name	Title/Position
	Email	Phone No.
	Check all sections requiring amendment and complete checked sections	
	Section 2 – Facility Information	
	Section 3 – Medical Director	
	Section 4 – Facility Ownership Information	
	Section 5 – Sample Collection Services	
	Section 6 – Testing Services	
	Section 7 – Facility Closure	
Section 8 – Payment Numbers		
Section 9 – Limits and Conditions		
Section 10 – Time-Limited Approval		

Section 2 Facility Information

Note: A facility relocation requires a Moratorium Exemption Request Application

Facility Details	Facility ID		
	Current Legal Name		
	Proposed New Name		
	Current Address		
	Corrected Address		
	Organization		
	Associated Testing Facility (Sample Collection Facilities only)	Current	New



Section 3 Medical Director

Note: Laboratory Physicians who will bill the BC Medical Plan for outpatient services must submit an Operator Payment Administration (OPA) application for processing.

Regional Medical Director	Current		New
	Name		
	MSP Number		
	Email		
	Phone		
	End Date	Effective Date	
Facility Medical Director	Current		New
	Name		
	MSP Number		
	Email		
	Phone		
	End Date	Effective Date	

Section 4 Facility Ownership Information

Note: Shareholders or persons owning an interest of more than 10% of shares in the corporation or laboratory facility requires a Moratorium Exemption Request Application

Ownership	Public (go to section 4.1)	Private (go to section 4.2)
4.1 Public	Health Authority	
	Health Authority Address	
4.2 Private	Foreign Ownership	Yes No
	Sole Proprietor (complete section 3.2a)	
	Partnership (complete section 3.2b)	
	Corporation (complete section 3.2c)	
	Other – Specify:	
4.2a Sole Proprietor	Name	
	Address	



4.2b Partnership	Partnership Name			
	Partnership Address			
	Legal Registered Operator Name			
	Operator Mailing Address			
	Partner Information (attach separate document if required)			
	Name of Partner	Business Address	Previous % Owned	New % Owned
	Total Percentage (must equal 100)			
4.2c Corporation	Corporation Name			
	Corporation Address			
	Corporation Number			
	Date of Incorporation			
	Officer/Director Information (attach separate document if required)			
	Name	Title/Position	Business Address	
	Shareholder Information (attach separate document if required)			
	Name of Partner	Business Address	Previous % Owned	New % Owned
	Total Percentage (must equal 100)			



Section 5 Sample Collection Services

Note: A change in capacity (bed & chairs), services or a relocation requires a Moratorium Exemption Request Application

Sample Collection Services	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

Section 6 Testing Services

Note: An addition of a category requires a Moratorium Exemption Request Application

Testing Services	Fee-for Service Categories (check all applicable boxes)							Withdraw
	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							
Individual Fee Item Numbers and Test Names						Add	Withdraw	
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	

Section 7 Facility Closure

Note: Temporary closures or disruptions requires submission of the Facility Disruption Notification Form

<p>Facility Closure</p>	<p>Effective Date</p> <p>Reason for Closure</p> <p>Mitigation plans for access to alternate service</p> <p>Communication plans to patients, practitioners, clinics and other laboratory operators</p>
--------------------------------	---

Section 8 Payee Numbers

Note: Laboratory Physicians who will bill the BC Medical Plan for outpatient services must submit an Operator Payment Administration (OPA) application for processing.

<p>Payee Numbers</p>	Current		New	
	Name	MSP Number	Name	MSP Number
	End Date		Effective Date	



Section 9 Limits and Conditions

Limits and Conditions	Current restricted condition(s) as listed in the Facility Approval Proposed changes to the condition(s)
----------------------------------	---

Section 10 Time-Limited Approval

Time-Limited Approval	End of current term of approval Proposed extension of approval Rationale for extension
----------------------------------	--