



Application Form – Request to Amend an Approved Requisition

Section 1 **Application Information** (Submit completed application and required documents to: requisitions@phsa.ca)

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 (previously approved) Laboratory Requisition	
	Form Number	Version

Note: A copy of the requisition must accompany this application.

Section 4 – Description and Rationale of Changes

Header	Describe in detail the change to the header
	Provide the rationale for the change
Patient Information Section	Describe in detail the change to the patient section



Practitioner Information Section	Provide the rational for the change
	Describe in detail the change to the practitioner section
Test and Clinical Section	Provide the rational for the change
	Describe in detail the change to the test & clinical information section
	Provide the rational for the change
	Does this change align with BC clinical practice guidelines? Explain
Signature & Collection Section	Describe in detail the change to the signature, collection and privacy section
	Provide the rational for the change