

Application Form – Request to Amend a UPCC Facility Approval

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

Section 1 Application Information

Date Info	Application Date	Effective Date
Requestor contact information	Name	Title/Position
	Email	Phone No.
	Check all sections requiring amendment and complete checked sections <input type="checkbox"/> Section 2 – Facility Information <input type="checkbox"/> Section 3 – Medical Director <input type="checkbox"/> Section 4 – Facility Ownership Information <input type="checkbox"/> Section 5 – Testing Services <input type="checkbox"/> Section 6 – Facility Closure <input type="checkbox"/> Section 7 – Limits and Conditions <input type="checkbox"/> Section 8 – Time-Limited Approval	

Section 2 Facility Information

Note: A facility relocation requires an Application for an Urgent and Primary Care Centre – New Facility

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

Section 3 Medical Director

Laboratory Medicine Physician	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 an Application for an Urgent and Primary Care Centre – New Facility

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 Sole Proprietor (complete section 3.2a) Partnership (complete section 3.2b) Corporation (complete section 3.2c) Other – Specify:	Yes No				
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)	<table> <thead> <tr> <th>Name of Partner</th> <th>Business Address</th> <th>Previous % Owned</th> <th>New % Owned</th> </tr> </thead> </table>	Name of Partner	Business Address	Previous % Owned	New % Owned
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 Testing Services

Testing Services	Tests to be added or withdrawn	Add	Withdraw
Change in laboratory operator supporting the provision of testing services?	Yes	Name of Laboratory Operator	
	No		

Section 6 Facility Closure

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

Section 7 Limits and Conditions

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

Section 8 Time-Limited Approval

<p>Time-Limited Approval</p>	<p>End of current term of approval Proposed extension of approval Rationale for extension</p>
------------------------------	---