



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 (Sample Collection Facilities only)	Current <input type="checkbox"/>

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 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) <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Name of Partner</td> <td style="width: 33%;">Business Address</td> <td style="width: 17%;">Previous % Owned</td> <td style="width: 17%;">New % Owned</td> </tr> </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 No	Name of Laboratory Operator	



Section 6 Facility Closure

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

Section 7 Limits and Conditions

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

Section 8 Time-Limited Approval

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