PROVINCIAL LABORATORY MEDICINE SERVICES
Provincial Health Services Authority

Laboratory Services
Facilities

Application Form – Urgent and Primary Care Centres – New Facility

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

Section 1 Application Information

Date Info	Application Date: Proposed Start Date:
Facility Type	◯ Specimen Collection ◯ Testing Laboratory ◯ Specimen Collection & Testing
Requestor contact information	Name: Title/Position:
	Email: Phone No.

Section 2 Facility Information

Facility Information	Legal Name
	Address
	Organization
Laboratory Medicine Physician	Name
	Credentials
	MSP Practitioner #
	Email
	Phone

Section 3 Facility Ownership Information

Ownership	◯ Public (go to section 3.1) ◯ Private (go to section 3.2)
3.1 Public	Health Authority
	Health Authority Address
3.2 Private	Foreign Ownership ◯ Yes ◯ No
	◯ Sole Proprietor (complete section 3.2a)
	◯ Partnership (complete section3.2b)
	◯ Corporation (complete section3.2c)
	◯ Other – Specify:
3.2a Sole Proprietor	Name
	Address

3.2b Partnership	Partnership Name Partnership Address Legal Registered Operator Name Operator Mailing Address Partner Information (attach separate document if required) Name of Partner — Business Address — % Owned Total Percentage (must equal 100)
3.2c 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 — % Owned Total Percentage (must equal 100)

Section 4 Sample Collection Services

Sample Collection Services

How many patients per month are anticipated to receive sample collection services on site?

Will another laboratory operator support the provision of sample collection services?

◯ Yes ◯ No

Check all services that will be provided

- ☐ Specimen Pick-up / Supplies Drop-off
- ☐ Supply Ordering / Delivery
- ☐ Specimen Packaging
- ☐ Specimen collection at a nearby collection facility / laboratory
- ☐ On-site Phlebotomy Support: Training. Guidance, business requirements
- ☐ On-site orientation / training: Support prior to launch to review specimen handling requirements, requisition guidance, job aids

Associated Testing Facility (if not included in Section 5 of this application)

Facility ID Number

Facility Name

Facility Address

Qualified laboratory medicine physician for the facility

Name

Credentials

Section 5 Testing Services

Testing Services

List all tests which will be performed

Test	Anticipated Monthly Volume	Test	Anticipated Monthly Volume

Will another laboratory operator support the provision of testing services?

◯ Yes ◯ No

Name of Laboratory Operator

Section 6 Accreditation Information

Diagnostic Accreditation Program (DAP) Status	◯ Accredited Effective Date Expiry Date DAP Facility Code (if assigned) Check all Accredited Scopes of Service ☐ Sample Collection ☐ Point of Care Testing ☐ Other: ◯ Accreditation Pending Provisional Accreditation Date Check all Scopes of Service to be Accredited ☐ Sample Collection ☐ Point of Care Testing ☐ Other: What Outstanding Requirements have been identified by the DAP which need to be resolved prior to full accreditation being granted? Accreditation Withdrawn/Denied (provide details)

Section 7 Funding Information

Funding Source	Select the box to indicate you understand that a UPCC is ineligible for billing MSP for laboratory services. ☐ Yes, I understand Please provide a detailed explanation of the funding sources for sample collection and/or laboratory testing.

Section 8 Additional Information

Additional information	Provide details of any First Nations or Indigenous populations in the proposed service area Provide details of any vulnerable and/or marginalized populations in the proposed service area How will the proposed service delivery model address the needs of your service area, considering the specific patient demographics? If you are currently partnered with a private laboratory operator for the provision of specimen collection on site, will this relationship continue if your site is granted a Facility Approval? Provide details of any other laboratory service providers who have been consulted regarding any of the proposed services Provide any other laboratory services related information relevant to this application *Attach any other supporting documents relevant to this application*