



Change Request Application Form

Provincial Special Coagulation Requisition – Hereditary Thrombophilia Testing

(Submit completed application to requisitions@phsa.ca)

Requestor Information	Application Date		
	Name		Title/Position
	Email		Phone No.
	Indicate your professional field		
	Physician	Nurse Practitioner	RN / RPN
	Midwife	Laboratory	Other:

Change Request	Describe in detail the change desired
	What is the rationale for the change?

Note: Provincial Laboratory Medicine Services Use Only

Laboratory Services Assessment	Does the change align with requisition policy? Explain
	Is the change possible within space considerations? Explain
Provincial Hematopathology Advisory Committee Assessment	Is advisory committee opinion required? ☐ Yes ☐ No
	Does the change improve service delivery? Explain.
	Does the change benefit one health authority only? Explain.
	Does the Provincial Hematopathology Advisory Committee recommend the change? Explain.

Decision	Request Number ☐ Approved ☐ Rejected
	Additional Comments
	Requestor Notified of Decision Change Request Log Updated Associated Documents Saved