

Expression of Interest

Complete this form for new tests or amendments to an existing test. Submit to testreview@phsa.ca

Primary Applicant (Laboratory Medical Lead)

Name	Title/Position	Program / Organization
Phone	E-mail	Application Date

Test Information

Full Test Name & Common Aliases			
Single Test	Test Panel	New Test	Existing Test
For Test Panels list all component tests			
Stage of Development			
Discovery/Research	Validating	Implementing	Implemented: Date
Laboratory Discipline			
Anatomic Pathology	Biochemistry	Hematopathology	Genetics/Genomics
Microbiology	Transfusion Medicine	Point of Care	Other: List
Specimen Source			
Inpatient	Outpatient	Both	
Estimated Test Volume in first year	Estimated annual volume increase	Estimated cost per test (if known)	
Has initial funding been identified / secured? Funding Source			
Yes	No		

Clinical Information

What are the primary drivers and benefits to patient care for the new test?
Which body/clinical service program/stakeholder has already been consulted? Provide details



PLMS Use Only	
Case Number	Date Received
Sent to Discipline Advisory Strategic Lead	Date
Discipline Advisory Review Completion Date	Full Application Recommended
	Yes No
Comments	
Date sent to Steering Committee	
Steering Committee Review Completion Date	Full Application Recommended
	Yes No
Comments	