Laboratory Requisitions Manual of Policies

Under the *Laboratory Services Act*

Version 1.0 (February 3, 2026)

Effective February 23, 2026

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APPROVAL

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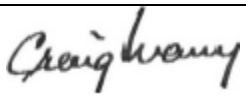
Signature:	
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DOCUMENT HISTORY

Version History

Version	Revision Date	Summary of changes
1.0	February 3, 2026	New

INTRODUCTION

Authority Under the *Laboratory Services Act* and Laboratory Services Regulation

Under the authority of the *Laboratory Services Act* (the Act) and the Laboratory Services Regulation (the Regulation), the Minister of Health (the Minister) is responsible for the administration and provision of Laboratory Service Benefits.

Section 36 of the Act and section 12 of the Regulation establishes the Minister's responsibility for approval and regulation of forms used in the provision of benefits defined in the Act. Sections 13 and 14 of the Regulation establish the criteria requisitions must include as well as the record-keeping requirements.

As of April 1, 2019, the Provincial Laboratory Medicine Services (PLMS) at the Provincial Health Services Authority (PHSA) assumed responsibility for the management of requisitions, including providing recommendations to the Ministry of Health (the Ministry) regarding new or changes to existing requisitions. The Ministry, on behalf of the Minister, reviews these recommendations and makes a final determination through Records of Decision.

A summary of the assessment of each application will be included in the recommendation from PLMS to the Minister to support the recommendation and decision making by the Minister. This summary should include but not be limited to the type of request, reason for the request, information on the requisition, as well as other relevant information.

The *Laboratory Requisitions Manual of Policies* (Requisitions Policies) outline additional considerations and provide direction and guidance on how criteria are to be considered and applied by PLMS.

This document is not a comprehensive guide to, or substitute for, the *Laboratory Services Act* and Laboratory Services Regulation. While the Requisitions Policies articulate many of the roles, requirements, and obligations of prospective and current Laboratory Facility Operators and applicants, it should not be used as an application or compliance checklist. Compliance with the Requisition Policies will not ensure or constitute compliance with applicable law.

POLICY 1: GUIDING PRINCIPLES AND OBJECTIVES

PURPOSE

To articulate the principles that guide the exercising of the powers and duties under the *Laboratory Services Act*, including use of the Requisitions Policies.

POLICY

The duties and functions performed in relation to Laboratory Requisition approvals should be performed with transparency, fairness, consistency, and timeliness.

Duties performed in relation to Laboratory Requisitions approvals should have regard to the principles expressed in Sections 5.1-5.7 of the *Medicare Protection Act*, namely public administration, comprehensiveness (in relation to Benefits), universality, portability, accessibility, and sustainability.

REFERENCES

Laboratory Services Act, Section 3
Medicare Protection Act, Sections 5.1-5.7

POLICY 2: REQUISITION APPROVALS

PURPOSE

To articulate the types of requisition approvals that are subject to the exercising of powers and duties under the *Laboratory Services Act*.

POLICY

Applications are reviewed and assessed to ensure compliance with legislated, regulatory, and policy requirements, prior to making a recommendation to the Minister for approval or denial of:

a) a new laboratory requisition;

b) the amendment of an existing approved laboratory requisition.

OPERATOR REQUIREMENTS

New Requisition

The operator of an approved laboratory facility or subject to a laboratory services agreement must apply for requisition approval when seeking to introduce a new laboratory requisition used by referring practitioners requesting services deemed an insured benefit. The application should be submitted at least 30 days before the requested effective date to allow for processing and approval.

Amendment(s) to an Existing Approved Requisition

The operator of an approved laboratory facility or subject to a laboratory services agreement must apply for an amendment to an existing approved requisition when any changes are made. The application should be submitted at least 30 days before the requested effective date to allow for processing and approval.

REFERENCES

Laboratory Services Act, Sections 4, 11-13, 15, 16, 36, 44, 46
Laboratory Services Regulation, Sections 9, 10, 12-14

POLICY 3: REQUIRED APPLICATION INFORMATION

PURPOSE

To clarify the information that is required in an application for a new requisition or an amendment to an existing approved requisition, and to indicate the required timeframes for submitting an application.

POLICY

New Requisition

Applications for an approval of a new (not previously approved) laboratory requisition must include the following information, in a complete and legible format and manner as required by the Minister, and be submitted at least 30 days prior to the preferred effective date of the proposed requisition:

a) Full name of the requisition
b) Form number and/or version
c) Intended use
d) Rationale for the new requisition
e) Copy of the requisition
f) Requestor name and title
g) Organization affiliation of the requestor
h) Email address
i) Telephone number
j) Medical Director approval

Existing Approved Requisition

Applications for an amendment of an existing approved laboratory requisition must include the following information, in a complete and legible format and manner as required by the Minister, and be submitted at least 30 days prior to the preferred effective date of the proposed requisition:

a) Full name of the requisition
b) Form number and/or version
c) Details of the change
d) Rationale for the change
e) Copy of the amended requisition and previously approved requisition
f) Requestor name and title
g) Organization affiliation of the requestor
h) Email address

i) Telephone number

j) Medical Director approval

Multiple Applications May Be Made Concurrently

An operator may concurrently submit multiple applications for approval, including applications that require new approvals and those that require amendments to an existing approval.

OPERATOR REQUIREMENTS

The operator must submit specific and complete information with applications for new requisitions or changes or amendments to existing approved requisitions.

POLICY 4: APPROACH TO APPLICATION ASSESSMENT

PURPOSE

To articulate the general approach taken when assessing applications for a new requisition or applications for changes to an existing approved requisition.

POLICY

The assessment of an application must include the following:

a) The application of the mandatory criteria and requirements specified in the *Laboratory Services Act*, the Laboratory Services Regulation, and Requisitions Policies; and, if applicable, to BC Guidelines;

b) The documentation of the application of criteria and considerations additional to those specified in the *Laboratory Services Act*, the Laboratory Services Regulation, and Laboratory Requisitions Manual of Policies Under the *Laboratory Services Act*; and,

c) Utilization of a consistent approach and incorporation of subject matter expertise to inform decision making by the Minister.

The assessment of an application may include any or all of the following:

a) The application of relevant criteria and considerations in addition to those specified in the *Laboratory Services Act* and the Laboratory Services Regulation;

b) The application of criteria in a flexible manner by considering all relevant criteria, and according them appropriate weight, in the context of the particular application and relevant circumstances;

c) Relevant information provided by an advisor or expert to inform deliberations and recommendations regarding the application and decision making by the Minister; and,

d) Relevant information and advice provided at any meeting or in any manner and at any time that may inform deliberations, recommendations and/or support decision making by the Minister.

OPERATOR REQUIREMENTS

To ensure that all relevant information is captured for the assessment of an application, operators may be required to provide supplemental information through written communication and/or meeting deliberations, as appropriate. Upon request, such information should be submitted by the date and time specified by the Minister.

POLICY 5: ASSESSMENT CRITERIA

PURPOSE

To articulate the criteria used to assess an application for a new requisition or an amendment to an existing approved requisition.

POLICY

Applications will be assessed for evidence of meeting the criteria and requirements set out in:

a) the *Laboratory Services Act*

b) the Laboratory Services Regulation;

c) the Laboratory Requisitions Manual of Policies Under the *Laboratory Services Act*;

d) BC Guidelines; and,

e) Diagnostic Accreditation Program, Accreditation Standards, Laboratory Medicine

OPERATOR REQUIREMENTS

Applications received from current or potential operators must provide and meet specific criteria to be granted an approval.

POLICY 6: APPROVAL DECISION-MAKING AND COMMUNICATIONS

PURPOSE

To clarify that the Minister makes decisions on granting approvals after receiving recommendations based on the assessment of applications, and to ensure that decisions are communicated clearly, efficiently and in a timely manner.

POLICY

Application Decision-Making

After assessing an application against the criteria outlined in Policy 5, recommendations will be made to the Minister to approve or deny the application.

Communication of Decisions on Applications

Applicants are informed of the Minister's decision on their application(s) by formal letter sent to the applicant via the email provided by the applicant.

All application decisions are posted online and made available to the public.

POLICY 7: CANCELLATION OF AN EXISTING APPROVED REQUISITION

PURPOSE

To identify situations when a recommendation to the Minister to cancel an existing approved requisition can be made.

POLICY

Recommendations for the cancellation of an existing approved requisition can be given to the Minister for the following reasons:

a) when informed by the operator that the requisition is no longer in use and will not be superseded by a revised version;

b) when an operator provides notification of the cessation of operations, all of the operator's approved existing requisitions will be cancelled effective on the date operations will end. Cancellation will be communicated in writing by email to the operator within 90 days of the cessation of operations.

POLICY 8: REGULATORY REQUIREMENTS AND RECOMMENDATIONS

PURPOSE

To define regulatory requirements and recommendations for the development and design of new and revised Laboratory Requisitions that comply with legislative requirements, laboratory accreditation standards and generally accepted best practices for laboratory ordering.

POLICY

All new and revised laboratory requisition forms provided to healthcare practitioners by laboratory service organizations must be approved by the Minister of Health (or delegate) prior to implementation. Laboratory requisition forms must meet the *Clinical Record Keeping Requirements* as outlined in the Laboratory Services Regulation (Section 13). Additional information fields recommended for inclusion on the requisition are mandated by laboratory accreditation bodies or are based on best practices as identified by laboratory professionals.

PRINCIPLES

a) Laboratory requisitions *must* provide the necessary information to ensure quality test results, facilitate timely patient care and ensure correct benefit coverage.

b) Completed laboratory requisition forms *must* meet clinical record keeping requirements and ensure a request for a beneficiary to receive benefits has been authorized by an enrolled medical practitioner.

c) Laboratory requisitions *should* include references to BC Guidelines where applicable to support appropriate utilization.

d) Laboratory requisitions *must* clearly identify tests which are not included in a community-based laboratory operator's scope of accreditation provided by the Diagnostic Accreditation Program of British Columbia.

e) Laboratory requisitions *must* support patient choice of service provider in outpatient environments *(exception*: if a test has special collection or handling requirements that can only be met at a specific facility or can only facilitate a specific cohort of patients, e.g., for cancer treatment)

f) Laboratory requisitions *must* provide for laboratory results to be copied where the patient will most likely access continued care. This would be with either the patient's family physician, or to the patient's location of service access (e.g., walk-in clinic, UPCC, etc.) for an unattached patient.

g) Laboratory requisitions *should* adhere to approved design formatting and terminology standards to support ease of use by referring practitioners and service providers and to facilitate implementation by EMR vendors.

h) Laboratory requisition data standards and design principles *should* support the migration to future electronic ordering systems.

REFERENCES

Laboratory Services Regulation, Part 3, Section 13
Diagnostic Accreditation Program, Accreditation Standards, Laboratory Medicine, Version 2.01, Pre-examination

POLICY 9: DATA REQUIREMENTS FOR REQUISITIONS

PURPOSE

To define data requirements for the development and design of new and revised laboratory requisitions that comply with legislative requirements, laboratory accreditation standards, and generally accepted best practices for laboratory ordering. This applies to both traditional paper requisitions and those generated from operator laboratory information systems or related systems.

POLICY

An approved laboratory requisition must provide space for the following information fields below to comply with laboratory accreditation standards and clinical record keeping requirements under the *Laboratory Services Act*. In certain clinical scenarios or for specific tests, additional information is required to facilitate appropriate interpretation and distribution of results. Requisitions which are generated from operator laboratory information systems or related systems must meet the same requirements as traditional paper requisitions to the extent the information system is capable.

Header Information

- Organization logo
- Requisition form title
- Information describing tests marked with an asterisk being associated with a BC Guideline https://www2.gov.bc.ca/gov/content/health/practitioner-professional-resources/bc-guidelines (www.BCGuidelines.ca)
- Instructions for sample collection and/or labelling

Patient Information

- Patient Name, first and last
- Personal Health Number (PHN) or hospital Medical Record Number (MRN) in the absence of a PHN
- Date of birth (YYYYMMDD)
- Sex (male, female, unknown, X)
- Address and primary contact number
- Patient status: Inpatient or Outpatient (as applicable)
- Outpatient billing information: Bill to MSP, ICBC, WorkSafe BC, Patient or Other (specify)

Healthcare Practitioner Information

- Practitioner Name, first and last
- Practitioner MSP number
- Practitioner address or destination of report
- Practitioner contact phone number (regular hours)

- Practitioner contact number for after-hours phone requests or critical results reporting where applicable.
- Name and MSP number of practitioner that a locum practitioner is acting on behalf of (if applicable)
- Name and MSP number of 'Copy to' physicians or facility

Tests Requested and Clinical Information

- Specific tests requested
- Tests associated with a BC Guideline are indicated with an asterisk, and if space permits, include a link to the relevant Guideline
- Diagnosis, relevant history/information as required to complete testing
- Current medications, antibiotics, date and time of last dose (if applicable)
- Allergies (if applicable)
- Space for additional tests
- Type of sample and anatomic site of the specimen (as applicable)

Practitioner Signature and Collection Information

- Referring practitioner signature and date
- Specimen collection information (collector, location, date and time)
- Telephone request received by (employee, date and time of phone request)

Versioning and Privacy Statement

- Date and version number of requisition
- Standard privacy statement:

  Personal information collected is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protested from unauthorized use and disclosure in accordance with the Personal Information Protection Act and/or the Freedom of Information and Protection of Privacy Act as applicable.

REFERENCES

Laboratory Services Regulation, Part 3, Section 13
Diagnostic Accreditation Program, Accreditation Standards, Laboratory Medicine, Version 2.01, Pre-examination

POLICY 10: RECOMMENDED FRAMEWORK FOR REQUISITIONS

PURPOSE

To define a standard framework for requisitions that complies with legislative requirements, laboratory accreditation standards and generally accepted best practices for laboratory ordering.

POLICY

A standardized design framework for the requisition layout is recommended to support the ease of use by referring practitioners and service providers as outlined in the figure below.

RECOMMENDED FRAMEWORK

<table>
<tr><td>Logo</td><td colspan="2">Requisition Title</td></tr>
<tr><td colspan="2">BC Guideline Information
Billing Information</td><td rowspan="2">Practitioner
Information</td></tr>
<tr><td colspan="2">Patient
Information</td></tr>
<tr><td colspan="3">Clinical Information</td></tr>
<tr><td colspan="3">Tests
Requested</td></tr>
<tr><td colspan="3">Practitioner Signature and Date</td></tr>
<tr><td colspan="3">Collection Information</td></tr>
<tr><td colspan="3">Instructions to Patients (if applicable)</td></tr>
<tr><td colspan="3">Privacy Statement</td></tr>
<tr><td colspan="3">Requisition number and version information</td></tr>
</table>

POLICY 11: VERBAL REQUESTS

PURPOSE

To define the documentation requirements for verbal requests, from a referring practitioner, received by a laboratory facility for laboratory services.

POLICY

Verbal requests for diagnostic services from a referring practitioner must be recorded by the diagnostic facility with the identifier of the person receiving the request, the date the request was received and all mandatory information that would be required on an approved requisition to support the request.

BEST PRACTICE GUIDELINES

Verbal requests should be followed up with a signed requisition forwarded to the laboratory service provider. Referring practitioners may be requested to forward a signed and dated requisition to the laboratory facility.

Verbal requests that are not followed up with a requisition must be identified as a verbal request on the final report.

REFERENCES

Laboratory Services Regulation, Part 3 – 13, 3(c)
Diagnostic Accreditation Program, Accreditation Standards, Laboratory Medicine, Pre-examination, PRE2.2: There are procedures for handling special requests

POLICY 12: STANDING ORDERS

PURPOSE

To define the requirements and guidelines for standing order requests issued by a referring practitioner and the manner by which laboratory facility operators manage such requisition forms.

POLICY

Standing order requests for diagnostic services from a referring practitioner must be completed on an approved requisition, include frequency of testing, duration and may not exceed a period of twenty-four (24) months / two (2) years.

Requirements

1. Standing Orders must only be completed on requisition forms approved under the *Laboratory Services Act*.
2. Standing orders must be on a separate requisition form than one-time test orders.
3. In addition to the information that is required for a requisition form, a standing order must state the duration (or expiration date), and the frequency that testing is expected to occur.
4. If the details of an existing standing order need to be changed, a new standing order must be completed by the referring practitioner and a notation made to indicate it is a replacement of the original.

Duration and Expiry

1. The maximum time-period for any standing order is twenty-four (24) months / two (2) years.
2. The duration of a standing order starts on the effective date indicated on the requisition form. If no effective date is stated, then the date the requisition form is received by the operator becomes the effective date.

GUIDELINES

Managing Records

1. Standing orders are to be kept and managed by the operator as part of the clinical record.

Grace Period

1. If expiry date notification is not provided on the patient report and a patient presents with an expired Standing Order requisition; if less than 3 months (90 days) since expiry, and the standing order is still accessible by their system, the laboratory will process the order as a one-time order.
2. If longer than 3 months (90 days) since expiry or no requisition is available in the laboratory system, then the patient will be asked to contact their ordering provider.

Discontinuation of Standing Orders

1. Standing Orders are not transferrable to other Referring Practitioners.
2. When a Referring Practitioner leaves their practice in B.C., communication to Operators is required to cancel any active Standing Orders.
3. An Operator may cancel a Standing Order if a Standing Order has expired or when the Referring Practitioner number is no longer active. In this situation, the patient will be asked to contact the Referring Practitioner.
4. Referring Practitioners should notify their patients of expired or cancelled Standing Orders.
5. Operators should inform patients of Standing Order cancelations from a practitioner without an active license.

Frequency and duration of Testing

1. Outpatient laboratory orders are only to be used for non-urgent or ambulatory conditions.
2. Standing Orders are to be used for routine testing (i.e., tests that are repeated at regular intervals).
3. Operators require the frequency of testing to be clearly defined on Standing Orders (i.e., daily, weekly, or monthly). Frequencies listed as “PRN” (pro re nata) will be managed at the discretion of the Operator.
4. Operators require that the expiry date or duration of the Standing Order is clearly stated on the requisition. If no expiry date is indicated, the laboratory will default to twenty-four (24) months and may ask the patient to clarify with their ordering provider so the Standing Order expiry can be corrected.

Post-Dating a Standing Order

1. The Effective Date of Standing Orders may be post-dated so that the Standing Order becomes active at a future time.
2. The Effective Date of a post-dated Standing Order should be no more than six (6) months past the date the Standing Order was completed by the Referring Practitioner.

Multiple Standing Orders for a Single Patient

1. Multiple Standing Orders can be completed for a single patient. Referring Practitioners should be aware of multiple standing orders on their patients, as well as ask their patient if they have any other standing orders from other practitioners, in order to minimize blood draws.

2. If a single patient has multiple Standing Orders for tests which should be performed at different frequencies, separate Standing Orders should be completed for each frequency of testing required.
3. If a patient has multiple Standing Orders or one-time orders with the same test requests, the Operator may minimize the amount of blood drawn from the patient by identifying one practitioner (usually the one requesting most of the repeated tests) as “most responsible”, with all other practitioners copied on the test results.

REFERENCES

Laboratory Services Act, Sections 16, 23, and 36
Laboratory Services Regulations, Sections 13, 14(2a), 16

POLICY 13: EXPIRY OF SIGNED REQUISITIONS

PURPOSE

To define the expiry of signed requisitions to ensure the timeliness and relevancy of laboratory services provided.

POLICY

A signed laboratory requisition is valid for one (1) year from date the requisition was signed, unless the request is for a post-dated standing order, which may not exceed six (6) months of the signing date. Requisitions for Standing Orders are valid for two (2) years.

CROSS REFERENCE

Policy 12: Standing Orders

REFERENCES

Laboratory Services Act
Provincial Standing Order Policy, Laboratory & Blood Services Branch, Ministry of Health

POLICY 14: REQUISITION RETENTION

PURPOSE

To ensure that all approved laboratory requisitions and verbal requests received by a laboratory service provider are retained in accordance with required record keeping requirements.

POLICY

Laboratory requisitions must be retained for six (6) years by the service provider organization according to the Laboratory Services Regulation. Organizational retention policies may exceed this requirement. Records may be retained in hard copy, electronic copy and/or combination of hard and electronic copy.

REFERENCES

Laboratory Services Regulation, Part 3 – 14, 3(b)

POLICY 15: STANDARD OUTPATIENT REQUISITIONS

PURPOSE

To define those requisitions which have been standardized for use in outpatient settings and which are created, maintained and controlled by the Ministry of Health or their designate.

POLICY

The Ministry of Health has delegated the creation, maintenance and distribution of standardized outpatient laboratory requisitions to Provincial Laboratory Medicine Services. The Ministry of Health or designate retains responsibility for approval.

REQUISITIONS

Standard Out-patient Laboratory Requisition (SOPLR) HLTH 1901
Standard Out-patient Laboratory Requisition for Maternity Care (SOPLR-M) HLTH 1935
Standard Out-Patient Laboratory Requisition for Pharmacists (SOPLR-P) HLTH 1946

POLICY 16: STANDARD OUTPATIENT REQUISITIONS REVISION TIMEFRAME

PURPOSE

To define the cadence of process steps and associated timeframes for the revision of the standardized outpatient laboratory requisitions.

POLICY

The standardized outpatient laboratory requisitions except for Standard Out-Patient Laboratory Requisition for Pharmacists (SOPLR-P) will be revised on a continual two (2) year cycle. SOPLR-P revisions are governed by changes to the Pharmacists Laboratory Services Referral Schedule (Schedule H).

PROCESS AND TIMEFRAME

DATE	PROCESS STEP
January 1, even years	Effective date of new SOPLR and SOPLR-M revisions and placed into service
June 30, even years	All previous versions of SOPLR and SOPLR-M no longer valid for use and removed from service
Continual	Accept, assess and adjudicate revision requests from stakeholders
March-April, odd years	Collate all recommended revision requests and submit to Provincial Laboratory Medicine Services for review and recommendations
May, odd years	Create mock-ups of revised requisitions
June – September, odd years	Stakeholder review of revision mock-ups
October, odd years	Finalize revision and submit for Ministry approval
November, odd years	Publish new revisions of SOPLR and SOPLR-M

POLICY 17: STANDARD OUTPATIENT REQUISITIONS REVISION REQUEST

PURPOSE

To define the process for how revisions of the standardized outpatient laboratory requisitions may be requested.

POLICY

Stakeholders can submit requests to Provincial Laboratory Medicine Services for revisions to the standardized outpatient laboratory requisitions except for the Standard Out-Patient Laboratory Requisition for Pharmacists (SOPLR-P). The requests will be reviewed, assessed and adjudicated against the established criteria. Applicants will be advised of the outcome of the assessment and recommended revisions will be retained for inclusion at the appropriate revision timeframe. Revisions to SOPLR-P are governed by changes to the Pharmacists Laboratory Services Referral Schedule (Schedule H).

POLICY 18: ORGANIZATION BRANDING OF STANDARD OUTPATIENT REQUISITIONS

PURPOSE

To define aspects of the standardized outpatient laboratory requisitions that may be changed when organizations operating approved laboratory facilities publish their own branded versions.

POLICY

Organizations operating approved laboratory facilities may, at their discretion, publish their own versions of the standardized outpatient requisitions. Organizations may replace the BC Ministry of Health identification header (logo, form identification and version) with their own. All other content and layout must be maintained. Organizations may use the reverse of the requisitions to include whatever information they deem relevant to their operation.

DEFINITIONS AND ABBREVIATIONS

The following terms may be referenced in the Requisitions Policy and are consistent with definitions found in the *Laboratory Services Act* and Laboratory Services Regulation, as applicable.

"Application" means an Application for the creation of a new requisition form or to amend an existing requisition form for which approval is required under the *Laboratory Services Act.*

"Approval" means as defined in Section 1 of the *Laboratory Services Act*, which is an approval granted under Section 11 of the *Laboratory Services Act.*

"Approved Laboratory Facility" means as defined in Section 1 of the *Laboratory Services Act*, which is a Laboratory Facility that is subject to an Approval or to a Laboratory Services Agreement.

"Beneficiary" means as defined in Section 1 of the *Laboratory Services Act,* which is a British Columbia resident who is enrolled in accordance with Section 7.2 of the *Medicare Protection Act* and includes the resident's Child if the Child is enrolled under Section 7.2.

"Benefit" means as defined in Section 1 of the *Laboratory Services Act*, which is "other than as used in Section 68 of the Act, means a Laboratory Service that is a benefit under Section 4" of the *Laboratory Services Act*. Section 4 of the *Laboratory Services Act* provides that subject to Section 4(2) of the *Laboratory Services Act,* a Laboratory Service is a benefit if it is a medically required service provided:

a. through an approved Laboratory Facility; and
b. by or under the supervision of a Laboratory Medicine Physician or a prescribed person who is acting:
    i. at the request of a Referring Practitioner or a prescribed person; and,
    ii. in accordance with all applicable protocols approved by the Ministry.

Section 4(2) of the *Laboratory Services Act* provides that the Ministry may make orders as follows:

a. that a Laboratory Service or a class of Laboratory Services are not benefits; or,
b. that a Laboratory Service is a benefit only if provided:
    i. on the request of a specified Referring Practitioner or class of Referring Practitioners;
    ii. in respect of a specified type of human injury, disease or illness; or,
    iii. in a specified Laboratory Facility or class of Laboratory Facilities.

"Effective Date" means the date at which a Requisition Form is first considered valid; either the date the Requisition Form is signed by a Referring Practitioner, or the start-date on the Requisition Form.

"Laboratory Facility" means as defined in Section 1 of the *Laboratory Services Act*, which is the following:

a) in respect of a hospital within the meaning of paragraph (a) or (e) of the definition of "hospital" in Section 1 of the *Hospital Insurance Act*, that part of the hospital that provides Laboratory Services;

b) a facility that provides Laboratory Services; or,

c) a Specimen Collection Station associated with a hospital or facility referred to in paragraph (a) or (b) of this definition.

"Laboratory Service" means as defined in Section 1 of the *Laboratory Services Act*, which is "subject to the Laboratory Services Regulation:

a) the taking or collecting, or the analysis, of specimens for the purposes of preventing, diagnosing, or treating human injury, disease, or illness; or,

b) a prescribed service."

"Laboratory Services Act" means the legislation pertaining to the provision of a Laboratory Service that is a Benefit in British Columbia.

"Laboratory Services Regulation" means the Laboratory Services Regulation under the *Laboratory Services Act*, as amended from time to time.

"Ministry" means the **"Ministry (or delegate)"**.

"Operator" means as defined in Section 1 of the *Laboratory Services Act*, which in relation to a Laboratory Facility is the following:

a) the owner;

b) the person having responsibility for the daily operation of the Laboratory Facility; or,

c) a regional health board or Prescribed Agency.

"Referring Practitioner" means as defined in Section 1 of the *Laboratory Services Act*, which is a person who:

a) is either

(i) a medical practitioner enrolled under section 13 of the *Medicare Protection Act*, or

(ii) a person within a class of prescribed health care practitioners, and

b) makes a request for a beneficiary to receive benefits;

"Requisition Form" means as defined in Section 1 of the *Laboratory Services Act,* which is "the form, whether paper or electronic, on which a request for benefits from a referring practitioner is made or recorded."

"Standing Order" means a Requisition Form in which a Referring Practitioner has indicated the time-period and frequency for the provision of specified Laboratory Services.