



NOTIFICATION OF CHANGE TO AN APPROVED LABORATORY FACILITY

Notification is required when a laboratory facility is changing medical directorship, physician staff, or hours of operation. This form must be authorized by the medical director or delegated signing authority, and submitted via the laboratory services upload tool at www.gov.bc.ca/labservicesupload. Only complete forms will be accepted for processing.

REASON FOR SUBMITTING

Please indicate the reason for submitting this form by ticking all relevant boxes below and filling out the part(s) of the form that are relevant. If additional space is required, include an attached list upon submission of this form.
A. Medical Director Change B. Laboratory Physician Staff C. Hours of Operation

PART A: MEDICAL DIRECTOR CHANGE

Table with 4 columns: Name of New Medical Director, MSP Practitioner Number, Email Address, Start Date (YYYY / MM / DD). Includes a sub-table for Facility Name and Facility Number.

PART B: LABORATORY PHYSICIAN STAFF

Table with 4 columns: Physician Name, MSP Practitioner Number, Facility Name, Facility Number.

PART C: HOURS OF OPERATION

Table for hours of operation with columns for Facility Name, Facility Number, and days of the week (Sunday to Saturday).

PART D: AUTHORIZATION

Table for authorization with fields for Name of Medical Director or delegated signing authority, Title, Date, and Signature of Medical Director or delegated signing authority.

Personal information on this form is collected under the authority of s.26(1) of the Laboratory Services Act and will be used to process your Notification of Change to a Laboratory Facility form. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only as provided by that Act or the Laboratory Services Act. If you have any questions about the collection of this information, contact the Laboratory Services Unit at labservices@gov.bc.ca.