



Lower Mainland Pathology & Laboratory Medicine Provider change request form

Please complete this form and send by e-mail to labphysupdates@phsa.ca*
To prevent delays in your request, please fill out all mandatory fields (in red) completely.

Change Request Type:	
MSP Provider	Add new MSP provider
	Add additional location for MSP provider
	Modify/replace existing location for MSP provider <small>(indicate location to be modified in additional information / comments)</small>
	Remove location for MSP provider
Non-MSP Provider <small>(health care provider without a valid BC MSP#, including out of province/country physicians)</small>	Add new non-MSP provider
	Add additional location for non-MSP provider
	Modify/replace existing location for non-MSP provider <small>(indicate location to be modified in additional information / comments)</small>
	Remove location for non-MSP provider
Non-MSP Clinic/Facility/Location <small>(hospitals, clinics, and other health care facilities)</small>	Add new clinic/facility/location
	Modify/replace existing clinic/facility/location <small>(indicate location to be modified in additional information / comments)</small>
	Remove existing clinic/facility/location

Requestor Information	
Requestor first name	
Requestor last name	
Requestor title	
Requestor e-mail	
Requestor phone number	
Requestor fax number	

Provider or Clinic/Facility/Location Information:	
Effective date	Immediate
	Other:
Information confirmed via	Provider/Provider Office
	Laboratory requisition
	Returned laboratory report and follow-up
	Phone call to provider or clinic/facility/location
	Ministry of Health Provider and Location Registry (PLR)
	Other (describe):

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Provider last name	
Provider first name	
Provider middle name	
MSP number (if applicable)	
Provider/Clinic/Facility number (if applicable)	
Is this a locum provider?	Yes
	No
	Unknown
Is this the provider's default/primary address?	Yes
	No
	Unknown
Clinic/Facility Name (if applicable)	
Business street address	
City	
Province/state	
Country	
Postal code	
Phone number	
Fax number	

Additional Information:	
Additional information / comments	

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*If e-mail is not available, please fax to 604-707-2601.