

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		Add or update MSP Provider
		Add or remove address for MSP Provider
Non-MSP (including out of province)		Add or update non-MSP Provider
		Add or remove address for non-MSP Provider
Clinic/Facility/Location		Add new clinic/facility/location
		Modify or 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):
Provider first name		
Provider last name		
Provider middle name		
MSP number (if applicable)		
Provider/Clinic/Facility number (if applicable)		

Lower Mainland Pathology & Laboratory Medicine

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Is this a locum provider?		Yes
		No
Clinic/Facility Name (if applicable)		
Is this the provider's default/primary address?		Yes
		No
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.