

# Health PEI Provincial Lab Services Practitioner Change Form

**Complete either Part A, B, C or D (as applicable) and fax to nearest lab**

Part A: New Practitioner				
<b>Full Name:</b>				
<b>Specialty:</b>				
<b>Practicing location:</b>				
<b>Phone:</b>	<b>Back-line (if applicable):</b>			
<b>Fax:</b>				
<b>Email (optional):</b>				
<b>24 hr Contact # For Critical Values (or designate arrangements):</b>				
<b>Lab Reporting Arrangements:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> <b>Hardcopy</b>   <b>Location to direct reports to:</b>            _____            _____   <b>Via :</b>  <input type="checkbox"/> Courier  <input type="checkbox"/> Mail         </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> <b>Remote Printing</b>             On-site printing of lab reports requires access to a network printer and coordination with Service Centre.   <b>Printer name:</b> _____  <b>IP Address:</b> _____         </td> <td style="width: 33%; border: none;"></td> </tr> </table>	<input type="checkbox"/> <b>Hardcopy</b>  <b>Location to direct reports to:</b> _____ _____  <b>Via :</b> <input type="checkbox"/> Courier <input type="checkbox"/> Mail	<input type="checkbox"/> <b>Remote Printing</b>  On-site printing of lab reports requires access to a network printer and coordination with Service Centre.  <b>Printer name:</b> _____ <b>IP Address:</b> _____	
<input type="checkbox"/> <b>Hardcopy</b>  <b>Location to direct reports to:</b> _____ _____  <b>Via :</b> <input type="checkbox"/> Courier <input type="checkbox"/> Mail	<input type="checkbox"/> <b>Remote Printing</b>  On-site printing of lab reports requires access to a network printer and coordination with Service Centre.  <b>Printer name:</b> _____ <b>IP Address:</b> _____			
<b>Additional Information Relevant to Lab:</b>				

Part B: Change in Practice				
<b>Full Name:</b>				
<b>New Specialty (if applicable):</b>				
<b>**Note:</b> If your former specialty was Family Medicine, please contact Service Centre (620-3600 or <a href="mailto:servicecentre@gov.pe.ca">servicecentre@gov.pe.ca</a> ) to coordinate the removal of your name from the Family Provider field in CIS. If this step is not completed, you will continue to receive copies of all lab reports on former patients.				
<b>New practicing location:</b>				
<b>New phone:</b>	<b>Back-line (if applicable):</b>			
<b>New fax:</b>				
<b>New email (optional):</b>				
<b>New 24 hr Contact # For Critical Values (or designate arrangements):</b>				
<b>New Lab Reporting Arrangements:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> <b>Hardcopy</b>   <b>Location to direct reports to:</b>            _____            _____   <b>Via :</b>  <input type="checkbox"/> Courier  <input type="checkbox"/> Mail         </td> <td style="width: 33%; border: none; vertical-align: top;"> <input type="checkbox"/> <b>Remote Printing</b>             On-site printing of lab reports requires access to a network printer and coordination with Service Centre.   <b>Printer name:</b> _____  <b>IP Address:</b> _____         </td> <td style="width: 33%; border: none;"></td> </tr> </table>	<input type="checkbox"/> <b>Hardcopy</b>  <b>Location to direct reports to:</b> _____ _____  <b>Via :</b> <input type="checkbox"/> Courier <input type="checkbox"/> Mail	<input type="checkbox"/> <b>Remote Printing</b>  On-site printing of lab reports requires access to a network printer and coordination with Service Centre.  <b>Printer name:</b> _____ <b>IP Address:</b> _____	
<input type="checkbox"/> <b>Hardcopy</b>  <b>Location to direct reports to:</b> _____ _____  <b>Via :</b> <input type="checkbox"/> Courier <input type="checkbox"/> Mail	<input type="checkbox"/> <b>Remote Printing</b>  On-site printing of lab reports requires access to a network printer and coordination with Service Centre.  <b>Printer name:</b> _____ <b>IP Address:</b> _____			
<b>Additional Information Relevant to Lab:</b>				

# Health PEI Provincial Lab Services Practitioner Change Form

Part C: Locum or Resident	
<b>Full Name:</b>	
<b>Specialty:</b>	
<b>Covering for/Practicing with:</b>	
<b>Practicing location:</b>	
<b>Phone:</b>	<b>Back-line (if applicable):</b>
<b>Fax:</b>	
<b>Email (optional):</b>	
<b>24 hr Contact # For Critical Values (or designate arrangements):</b>	
<b>Lab Reporting Arrangements:</b>	<p><b>Hardcopy only</b></p> <p><b>Location to direct reports to:</b></p> <p>_____</p> <p>_____</p> <p><b>Via:</b></p> <p><input type="checkbox"/> Courier</p> <p><input type="checkbox"/> Mail</p>
<b>End Date of Locum/residency:</b>	
<b>Outstanding Lab Reports sent where after End Date (forwarding address):</b>	
<b>Additional Information Relevant to Lab:</b>	

Part D: Retiring or Leaving Province	
<b>Full Name:</b>	
<b>Specialty:</b>	
<p><b>**Note:</b> If your specialty was Family Medicine, please contact Service Centre (620-3600 or <a href="mailto:servicecentre@gov.pe.ca">servicecentre@gov.pe.ca</a>) to coordinate:</p> <ol style="list-style-type: none"> <li>1) The removal of your name from the CIS Directory</li> <li>2) The removal of your name from the Family Provider field in CIS. If this step is not completed, copies of all lab reports on former patients will continue to generate for you.</li> </ol>	
<b>Final Day of Practice:</b>	
<b>Name of Practitioner Assuming Practice (if applicable):</b>	
<b>Outstanding Lab Reports sent where after End Date (forwarding address):</b>	
<b>Additional Information Relevant to Lab (including arrangements for coverage of outstanding lab reports if there is not yet a replacement practitioner):</b>	