NL Health Services

Laboratory Medicine

External Collector: Change to Information

A. Specimen Collector Information	
Active agreement with NLHS Eastern Zone in place?	☐ Yes ☐ No
Name of Organization	<As on original agreement >
Name of Business Owner	<As on original agreement >
Email address	

Complete ONLY sections that have changed

B. Specimen Collector Location/Staffing			
Location (name)	<e.g. clinic name, home collections>		
Address			
Location contact	Name:		
	Telephone number:	Cell number:	
	Email		
Days of collection	<Indicate days of collection (no expansion to that defined in Collectors Agreement)>		
Hours of collection	<Indicate hours of collection (no expansion to that defined in Collectors Agreement)>		
Drop off location (Select all that apply)	St. John's: ☐ Health Sciences Centre	Rural Avalon ☐ Carbonear ☐ Bell Island ☐ Old Perlican ☐ Placentia ☐ Whitbourne	Peninsula's ☐ Clarenville ☐ Bonavista ☐ Burin ☐ Grand Bank ☐ St. Lawrence

Staff assigned to specimen collection and packaging for transport

Staff name as previously submitted	Remove	Add	Name Change	Other (describe)

Couriers/Individuals who will transport specimens	Remove	New

Submitted By (Specimen Collector):	Approved By NLHS Eastern Zone:
Name:	Name:
Title:	Title:
Signature:	Signature:
Date: DD/MONTH/YYYY	Date: DD/MM/YYYY

Attach and email to:Collector.Applications@nlhealthservices.ca **Help? Contact : EHLabcollections@nlhealthservices.ca**