

## APPLICATION FOR EXTERNAL COLLECTOR LICENSE

Prior to completing the application, please read the *Agreement for Specimen Collection by External Agencies*.

Ensure application parts A & B are fully and legibly completed email to [EHLabcollections@easternhealth.ca](mailto:EHLabcollections@easternhealth.ca)

A. SPECIMEN COLLECTOR INFORMATION			
<b>Was a license number previously issued to applicant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If Yes Provide Number:</b>	
<b>Name of Organization</b>	<i>&lt;Business name or individual operating under own name &gt;</i>	<b>Company Registry #</b>	<i>&lt;If Not Applicable – Enter N/A&gt;</i>
<b>Business Owner(s)</b>			
<b>Signing Authority</b>			
<input type="checkbox"/> As above (business owner) <input type="checkbox"/> Other (name) _____			
<b>Mailing Address</b>			
<b>Phone #</b>		<b>Mobile #</b>	
<b>Email address</b>			
<b>Centrifugation</b>		We will be performing centrifugation of specimens.	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Specimen Transport</b>		We will use Eastern Health validated containers and packing scheme.	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		We will be validating our own transport containers for use.	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Please submit proof of the following documentation:</b>			
<input type="checkbox"/> Certificate of Professional Liability Insurance <input type="checkbox"/> Signed and Notarized Eastern Health Oath of Confidentiality for each owner and all specimen collectors. <input type="checkbox"/> Centrifuge information form #20353 for each centrifuge (if conducting centrifugation) <input type="checkbox"/> Centrifuge initial qualification record for each centrifuge (if conducting centrifugation) <input type="checkbox"/> Specimen transport container validation documentation (If <i>not</i> using Eastern Health container/packing scheme)			
<b>APPLICATION SUBMITTED BY</b>			
Name (print):		Title:	
Signature:		Date:	

**COMPLETE SECTION B FOR EACH SPECIMEN COLLECTION FACILITY**

<b>B. SPECIMEN COLLECTOR LOCATION/STAFFING</b>			
<b>Location (name)</b>	<If different than organization name in section A >		
<b>Complete Address</b>			
<b>Location Contact</b>	<input type="checkbox"/> Business Owner (as provided in section A of application)		
	<input type="checkbox"/> Other: complete the following:		
	<b>Name:</b>		
	<b>Phone #:</b>	<b>Mobile #</b>	
	<b>Email</b> <Monitored email mandatory>		
<b>Days of collection</b>	<Indicate days of collection (no expansion to that defined in Collectors Agreement)>		
<b>Hours of collection</b>	<Indicate hours of collection (no expansion to that defined in Collectors Agreement)>		
<b>Mobile collection</b> <i>e.g., at patient residence</i>	<input type="checkbox"/> Mobile only	<input type="checkbox"/> On-site collections only	<input type="checkbox"/> Both on-site and mobile
<b>Drop off Location</b> <i>Select all that apply</i>	<b>St. John's:</b> <input type="checkbox"/> Health Sciences Centre	<b>Rural Avalon</b> <input type="checkbox"/> Carbonear <input type="checkbox"/> Bell Island <input type="checkbox"/> Old Perlican <input type="checkbox"/> Placentia <input type="checkbox"/> Whitbourne	<b>Peninsulas</b> <input type="checkbox"/> Clarenville <input type="checkbox"/> Bonavista <input type="checkbox"/> Burin <input type="checkbox"/> Grand Bank <input type="checkbox"/> St. Lawrence
<b>LIST OF PHLEBOTOMISTS</b>			
<b>Name</b>		<b>Signature</b>	
<b>COURIERS/INDIVIDUALS WHO WILL TRANSPORT SPECIMENS</b>			
<b>Name</b>		<b>Transportation of Dangerous Goods Certified? (Yes/No)</b>	

INSERT OR ATTACH ADDITIONAL TABLES, AS NECESSARY.