



Application for External Collector Permit (Part I)

Laboratory Medicine

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

Ensure application parts A and B are fully and legibly completed email to Collector.Applications@easternhealth.ca

| A. SPECIMEN COLLECTOR INFORMATION | | | |
|--|---|---|--|
| Was a permit number previously issued to applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes provide number: | |
| Name of Organization | <small><Business name or individual operating under own name ></small> | Company Registry Number | <small><If not applicable – enter N/A></small> |
| Business Owner(s) | | | |
| Signing Authority | <input type="checkbox"/> As above (business owner) <input type="checkbox"/> Other (name) _____ | | |
| Mailing address | | | |
| Telephone number | | Cell number | |
| Email address | | | |
| Centrifugation | We will be performing centrifugation of specimens? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Specimen transport | 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 |
| Please submit proof of the following documentation: | | | |
| <input type="checkbox"/> Certificate of general liability and/or professional liability insurance. | | | |
| <input type="checkbox"/> Signed and notarized <i>Eastern Health Oath of Confidentiality</i> 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) | | | |
| APPLICATION SUBMITTED BY | | | |
| Name (print): | | Title: | |
| Signature: | | Date: DD/MONTH/YYYY | |



Eastern Health

Laboratory Medicine

Application for External Collector Permit (Part II)



COMPLETE SECTION B FOR EACH SPECIMEN COLLECTION FACILITY

| B. SPECIMEN COLLECTOR LOCATION/STAFFING | | | |
|---|---|---|---|
| Location (name) | <i><If different than organization name in section A ></i> | | |
| Complete address | | | |
| Location contact | <input type="checkbox"/> Business owner (as provided in section A of application) | | |
| | <input type="checkbox"/> Other: complete the following: | | |
| | Name: | | |
| | Telephone number: | Cell number | |
| Email | <i><Monitored email mandatory ></i> | | |
| Days of collection | <i><Indicate days of collection (no expansion to that defined in Collectors Agreement) ></i> | | |
| Hours of collection | <i><Indicate hours of collection (no expansion to that defined in Collectors Agreement) ></i> | | |
| Mobile collection <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 |
| Drop off location <i>Select all that apply</i> | St. John's: <input type="checkbox"/> Health Sciences Centre | Rural Avalon <input type="checkbox"/> Carbonear <input type="checkbox"/> Bell Island <input type="checkbox"/> Old Perlican <input type="checkbox"/> Placentia <input type="checkbox"/> Whitbourne | Peninsulas <input type="checkbox"/> Clarenville <input type="checkbox"/> Bonavista <input type="checkbox"/> Burin <input type="checkbox"/> Grand Bank <input type="checkbox"/> St. Lawrence |
| LIST OF PHLEBOTOMISTS | | | |
| Name | Individual professional liability insurance held? | | Signature |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| COURIERS/INDIVIDUALS WHO WILL TRANSPORT SPECIMENS | | | |
| Name | Transportation of dangerous goods certified? | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

INSERT OR ATTACH ADDITIONAL TABLES, AS NECESSARY.