Woodlands Health National Healthcare Group	Laboratory Medicine and Pathology

APPLICATION FORM FOR NEW LABORATORY TEST OR SERVICE

Requesting doctor *(Please use name stamp if possible)*	
Name and MCR number:	
Contact details:	
Department:	

Background information	*(Please provide the required information here)*
Which new laboratory test or service is proposed?	
Is the laboratory test or service available in other institutions?	
If so, where?	
Why is the laboratory test or service required?	
Has there been any discussion with Laboratory Medicine and Pathology? If so, with whom?	
Which group of patients needs the test or service?	
Is there a protocol or set of guidelines for selecting patients to test? If so, please enclose a copy.	
The requested test will be used for: (check all that apply)	☐ Screening ☐ Diagnosis ☐ Follow-up
What is the anticipated volume of tests per year?	
Are any confirmatory or additional tests required: (a) Using other devices? (b) In the laboratory? If so, how will these tests be funded?	
What are the clinical benefits of the proposed test or service?	

Costs *(for laboratory's use)*	
What is the capital cost of the instrument (including GST)?	
What is the annual cost of consumables? *(Include all consumables, collection devices, quality controls, external quality assurance, and lease of devices, if applicable.)*	
What are the maintenance/servicing costs after expiry of guarantee?	
Is the cost of interfacing the device to the laboratory information system included in the cost? If not, what is the cost to interface?	
Does an IT port need to be installed?	
Is the cost of software or hardware to monitor and control the device from the laboratory included?	

Personnel requirements *(for laboratory's use)*	
Who will be performing the tests?	
What extra personnel time will be required? Is the personnel currently available?	
Is extra personnel resourced?	
Who will have responsibility for the necessary training?	

Quality Assurance Committee endorsement *(for laboratory's use)*	
Name: Designation: Signature and date:	Test or service performed: ☐ In-house ☐ Referral Remarks: