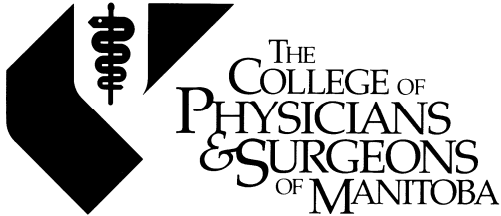


Physicians working in private medical clinics must complete the Physician Office Laboratory Registration Form prior to billing Manitoba Health for the attached list of laboratory tests.

The Physician Office Laboratory Registration form must be approved by the Manitoba Quality Assurance Program (MANQAP) prior to performing and billing for tests. There will be no retroactive approval.

All billings submitted to Manitoba Health are checked against the MANQAP registration files. Billings of physicians not registered with MANQAP will be rejected.

The Program Review Committee of the College of Physicians of Surgeons of Manitoba may direct the inspection of any facility where physician office laboratory tests are performed.



**MANITOBA QUALITY ASSURANCE PROGRAM (MANQAP)**  
1000 – 1661 Portage Avenue, Winnipeg, Manitoba R3J 3T7  
Tel: (204) 774-4344  
Toll free within Manitoba 1-877-774-4344  
Fax: (204) 774-0750  
Website: www.cpsm.mb.ca

## PHYSICIAN OFFICE LABORATORY REGISTRATION FORM

*INCOMPLETE FORMS WILL NOT BE PROCESSED*

### 1. **PHYSICIAN/LABORATORY DIRECTOR**

Name (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Manitoba Health Doctor Billing #: \_\_\_\_\_

CPSM Physician Registration #: \_\_\_\_\_

Address where tests will be performed:

Clinic Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

**NOTE: If you perform testing at more than one location, please complete a separate application form for each practise location.**

Please submit forms to Ms. Michelle Turner at [mturner@cpsm.mb.ca](mailto:mturner@cpsm.mb.ca). She must also be notified if you change offices or move out of province.

### 2. **EFFECTIVE APPROVAL DATE:**

Registration will be effective the date the application is received in the MANQAP offices.

**Retroactive Approval Will Not Be Granted.**

**3. PHYSICIAN OFFICE LABORATORY TESTS:**

Check the tariff numbers of the tests that will be claimed by you, name the equipment/kit you will be using to perform the tests, and circle whether the tests will be done manually or automated:

Check ✓	Tariff #	Test Name	Name of Equipment/Kit used to perform procedure	Manual/ Automated
	9142	Glucose, reflectance meter/photoelectric estimation		M    A
	9147	Hematocrit		M    A
	9150	Hemoglobin (photoelectric)		M    A
	9170	Heterophile antibodies, slide test (monotest)		M    A
	9273	Sedimentation rate (ESR)		M    A
	9290	HCG (human chorionic gonadotrophins) pregnancy test, qualitative - blood		M    A
	9312	White cell count		M    A
	9315	White cell differential count and cell morphology		M    A
	9374	Blood occult		M    A
	9521	Chorionic gonadotropins (pregnancy test) immunological		M    A
	9641	Urinalysis, complete including microscopic examination of centrifuged specimen		M    A
	9644	Urinalysis, stick, tape or tablet for sugar, protein, ketones urobilinogen, bilirubin or blood, or any other qualitative assessment not listed elsewhere.		M    A
	9711	Screening test for Bacteruria, spoon or agar slide technique		M    A
	9715	Microscopic examination, trichomonads		M    A
	9716	Microscopic examination of smears and wet preparations, fungi		M    A
	9717	Pinworms (Scotch Tape Method)		M    A
	9721	Throat Swab – Rapid Antigen Detection Test		M    A
	9738	Microscopic examination of synovial fluid under polarized light for uric acid crystals		M    A