



## Pharmacy Asymptomatic COVID-19 Testing Program Change Request

### PHARMACIST INFORMATION (COMPLETE ALL FIELDS)

Pharmacist Name:	
Pharmacy Location:	
Pharmacist Laboratory Practice ID (PRAC-ID):	

<input type="checkbox"/>	<b>Change of Information Request</b>	Change requests will be processed and changed on the public posting at the next available weekly update. Indicate requested change in the fields below.
<input type="checkbox"/>	<b>Withdrawal from Program Request</b>	<p>Should a pharmacist elect to withdraw from the program, ALL testing supplies must be immediately returned to APL in order to be reused as there are limited quantities available for the program.</p> <p>Return ALL testing supplies to : Public Health Laboratory (North Sector) University of Alberta Hospitals 1B1.07, 8440-112 St Edmonton, AB, T6G 2J2</p>

Current Pharmacy Information posted.

Pharmacy Name	Address	City	Phone

Updated Pharmacy Information corrected for posting.

Pharmacy Name	Address	City	Phone

Fax completed form to 780-407-8984. Allow 3 to 5 business days for processing.