

# PULMONARY FUNCTION

This form is to be completed and submitted to the DAP by an existing accredited facility that is preparing for a significant change in service related to: physical location, equipment, scope of testing, leadership, interpreting physicians and staffing model.

Note: The notification of significant change form must be submitted prior to the change commencing. If the change is related to physical location, equipment or scope of testing, patient testing must not commence until the scope of accreditation is confirmed.

If the change affects multiple facilities, a separate form must be submitted for each. Alternatively, a letter detailing the significant change, as per the form, may be submitted on behalf of multiple facilities.

Complete PDF form electronically. Do not print and scan.

## FACILITY INFORMATION

Date of submission: \_\_\_\_\_

Facility/hospital/health centre name: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

- There will be new, replacement, or additional diagnostic equipment to be installed.
  - Pulmonary function lab:  
Submit acceptance testing evidence and provide evidence that the medical director has approved the acceptance testing.
  - Community spirometry:  
Submit [spirometry acceptance testing worksheets](#) including raw data to [PTQC@cpsbc.ca](mailto:PTQC@cpsbc.ca)

Complete the following table for each diagnostic equipment. i3 1.753 0.7115ng.28.84.16 652.951( i3 1.753 0.7115ng.28.8

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For example, contracted third-party technical staff, non-certified staff, etc.

Explain:

	Status	Test/procedure	Equipment
	<input type="radio"/> New <input type="radio"/> Discontinued		

- There will be a change in the technical staffing model.  
the technical staffing model.

**FOR DAP USE ONLY**

- No further action required by facility
- Relocation assessment
- Focused assessment – desktop audit
- Focused assessment – on-site assessment
- Initial assessment

Test: \_\_\_\_\_

- Withdrawal of accreditation (voluntary)

Test: \_\_\_\_\_

- Additional information required:

- Other:

Action plan development participants: \_\_\_\_\_

Date of decision: \_\_\_\_\_

QC specialist notified?                       Yes                       No                       N/A