



## Stakeholder Standards Revision Request Form

<b>Name:</b>	
<b>Title:</b>	
<b>Facility/Organization:</b>	
<b>Phone #:</b>	
<b>Email:</b>	
<b>Date:</b>	

<b>Name of Standards Document:</b>	
<b>Standard # or Standard Section #:</b>	
<b>State suggested revision:</b>	
<b>Specify rationale for revision:</b>	
<b>Indicate appropriate reference to substantiate request: (attach pertinent documentation)</b>	

**For submission e-mail to: [diagnosticlaboratory@cpsa.ab.ca](mailto:diagnosticlaboratory@cpsa.ab.ca)**