



## Ethics Consultation Request Form Form # 12 – 970

This form is to be completed by the individual requesting the Ethics Consultation. In some cases it may be more convenient for the Chairperson receiving the request to collect the information and complete the form.

Case Identification: \_\_\_\_\_

Name of Individual requesting Consult	
Position	
Telephone Number	
Pager Number	
E-mail	
<b><i>Details of the Specific Issue for Ethical Consultation</i></b>	
Site	
Program /Department and Manager	
Location	
Description	
Facilitators Contacted (To be Completed by Chairperson)	
Facilitator assigned to the Ethics Consultation (To be Completed by Chair)	
Date:	Signed:

Send this Request Form to: Chairperson, Western Health Ethics Committee  
 Long Term Care Rural Health and Quality  
 Western Health  
 P.O. Box 2005, Corner Brook, NL A2H 6J7  
 Tel: (709) 784-6806 Fax: (709) 634-4591  
 marielparcon@westernhealth.nl.ca