For PDF Fillable Requisitions, the following applies:

1. The form shall be completed using a Digital Health assigned computer.
2. Absolutely no personal health information shall be electronically saved on a computer.
3. The completed form shall not be shared electronically. If you reasonably believe that e-mailing the information is the only available method of communication or the only way to send the information then you must adhere to the Privacy guideline titled "E-mailing Personal Health Information".
4. All forms must be completed in their entirety, e.g. if a staff member has only completed half of a form they cannot save their work and then come back to complete it at a later date.
5. Once the personal health information has been recorded onto the form, it is to be printed immediately, deleted (not saved) from the computer, and then stored securely inside the client (paper) health record or scanned into an electronic record.
6. Do not print unnecessary duplicate copies of the form.
7. Regular audits of the Digital Health assigned computer shall be undertaken to ensure that no personal health information is being duplicated and saved.

Fecal Occult Blood Test Requisition

Colorectal cancer screening and surveillance

CancerCare Manitoba
ActionCancerManitoba
BreastCheck CervixCheck ColonCheck

The decision for colorectal cancer screening and surveillance is made on a case by case basis with consideration to the risks and benefits of screening. For comprehensive colorectal cancer screening and surveillance guidelines visit www.cancercare.mb.ca/screening/hcp or call ColonCheck at 204-788-8635.

PATIENT INFORMATION

Last name	Middle name	First name
PHIN (9 digit)	MHSC (6 digit)	Date of birth yyyy/mm/dd
Address		Primary phone number ( )
City	Province	Postal code

HEALTHCARE PROVIDER INFORMATION Test results sent to patient and referring provider

☐ Physician ☐ Nurse practitioner ☐ Other _____	Provider last name	Provider first name
Clinic name		Clinic phone number ( )
Clinic address		Clinic fax number ( )
City	Province	Postal code

INDICATION FOR TEST

Screening **Average Risk**	**Screening** **Increased Risk**	**Surveillance** **Low risk adenomas (LRA)**
☐ Age 50 to 74 ☐ Age 75 and older	**Family history of** ☐ One or more first degree relative(s) diagnosed with advanced adenomas at any age ☐ One first degree relative diagnosed with CRC at age 60 years and older	**Previous finding of** ☐ 1-2 tubular adenomas, each less than 1 centimetre and with no high-grade dysplasia

Fax requisition to ColonCheck 204-774-0341

PATIENT NOT ELIGIBLE *COLONCHECK USE ONLY*

☐ FOBT/FIT within 2 years

☐ Average-risk, under age 50

☐ Colonoscopy within 5 years

☐ Other _____