

Colorectal Cancer Screening Fecal Occult Blood Test Request Form



Complete and fax form to ColonCheck. If your patient is eligible for colorectal screening, ColonCheck will mail an FOBT package directly to their residence.

To ensure timely processing of this request, please ensure the information below is as appears on patient's Manitoba Health Card. If verification is not indicated, ColonCheck will mail FOBT package to address listed below.

Request Date: _____

Referring Dr./NP/Nurse:	Clinic Name:
Phone #:	Clinic Address:
	Fax #:

Patient First Name:	Patient Last Name:
Address:	City/Town:
Date of Birth:	Phone #:
PHIN:	MHSC:
Patient contact information verified	
<i>Please respond with Yes or No.</i>	

Office use only:

- Participant Eligible (ColonCheck will send FOBT)
- Participant Ineligible (ColonCheck will not send FOBT)
 - 1. Overage (> 74)/Underage (< 50)
 - 2. Recent FOBT (within 2 years)
Date:
 - 3. Recent Colonoscopy (within 5 years)
Date:
 - 4. Surveillance/Other Ineligible
- Other/Notes

FAX COMPLETED FORM TO COLONCHECK at 204-774-0341