



HCN: \_\_\_\_\_  
 Province/Territory: \_\_\_\_\_ Expiry: YYYY / MON / DD  
 Name: \_\_\_\_\_  
First Middle Surname  
 Date of Birth: YYYY / MON / DD Sex: M F UN  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov/Terr: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: (Indicate Preferred) Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_  
 Cell (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Work (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

**Fecal Immunochemical Test Kit (FIT)**

Ordering Provider's Name _____ Clinic Name: _____ Mailing Address _____ City: _____ Prov/Terr: _____ Postal Code: _____ Phone: (____) - ____ - ____ Fax: (____) - ____ - ____ Ordering Provider's Meditech Mnemonic: _____ Signature: _____ Date: <u>YYYY</u> / <u>MON</u> / <u>DD</u>	<b>Clinic Stamp:</b> (include fax, provider and mnemonics) _____  <b>EMR Clinic Mnemonic:</b> _____ <b>COPY TO PROVIDER</b> _____
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**Participant MUST meet all of the criteria below:**

- 50-74 years of age.
- Does not have a personal history of Colon Cancer, Adenomas or Inflammatory Bowel Disease.
- Does not have a parent/sibling/child diagnosed with colon cancer before age 60.
- Does not have two or more first degree family members (mother, father, brother, sister, or child) diagnosed with colon cancer.
- Has not had a colonoscopy within the last five years.

This personal health information is being collected under the authority of Sections 29, 30 and 31 of the Personal Health Information Act. This information will be used to track and monitor results of your participation in the Newfoundland and Labrador Colon Cancer Screening Program. If you have any questions about the collection of this information, please contact: Privacy Officer, Eastern Health, Access and Privacy Office, Southcott Hall, 777-8025.

**Newfoundland and Labrador Colon Cancer Screening Program**  
 Phone: (709)752-6713  
 Toll Free: 1-855-614-0144  
 Fax: (709)752-6711  
 Email: NLCCSP@easternhealth.ca