CancerCare Manitoba
ActionCancerManitoba
BreastCheck CervixCheck ColonCheck

Fecal Immunochemical Test (FIT) Requisition Completion instructions

- All information must be completed to facilitate testing.
- An incomplete requisition may be returned to the originating office and, as a result, will be considered as not received.

PATIENT INFORMATION		
Last name	Middle name	First name
PHIN (9 digit)	MHSC (6 digit)	Date of birth
Address		Primary phone number
City/town	Province	Postal code

Patient information required to validate demographic information and assess eligibility.

HEALTHCARE PROVIDER INFORMATION		
☐ Physician ☐ Nurse practitioner ☐ Other _____	Provider last name	Provider first name
Clinic name		Clinic phone number
Clinic address		Clinic fax number
City/town	Province	Postal code

Healthcare provider information required to communicate FIT results and facilitate follow up testing if needed.

OPTIONAL

☐ Check here if you want the FIT mailed to the healthcare provider address indicated above for patient pickup.

Select for patient pick up at clinic. If NOT selected, FIT will be sent to patient address.

INDICATION FOR TEST – CHECK ONE BOX
Requests for individuals 86 years and older will be declined.

Average Risk Screening	Increased Risk Screening	Other
☐ Age 50 to 74.	☐ Family history of one or more first degree relative(s) diagnosed with advanced adenomas at any age.	☐ Surveillance of low risk adenomas (LRAs) (1-2 tubular adenomas, each less than 1 centimetre and no high-grade dysplasia).
☐ Age 75 to 85. CRC screening in this age group should be limited to those in which the benefits outweigh the risks.	☐ Family history of one first degree relative diagnosed with CRC at age 60 years and older.	☐ Childhood or young adult cancer survivors who received radiation treatment (see link to guidelines above). ☐ Transplant candidate/recipient.

Indication required to assess eligibility. Refer to link above for Colorectal Cancer Screening Guidelines.

Fax requisition to ColonCheck at 204-774-0341

COLONCHECK TO COMPLETE – Patient not eligible

- ☐ FOBT/FIT within 2 years.
- ☐ Colonoscopy within 5 years.
- ☐ Does not meet age criteria (average risk screening).
- ☐ Other _____

ColonCheck will complete and return to you if patient not eligible for FIT.