

CervixCheck Provider Number Request Form

Registered Nurses (RNs), Physician Assistants (PA), and Clinical Assistants (CL.A) should obtain a CervixCheck Provider Number at such point cervical cancer screening becomes part of their practice. The CervixCheck Provider Number identifies the specimen taker on the cytology requisition form, and links them to the cervical cancer screening test (i.e. Pap test) and any subsequent follow-up.

RNs, PAs and CL.As should identify themselves with their CervixCheck Provider Number on the cervical cytology request form in the “CervixCheck/Provider #” field. *For specimens sent to Dynacare lab only:* A billing number must be submitted on the cervical cytology requisition form in the “Bill to (#)” field.

	Record in the CervixCheck/ Provider # field	Record in Bill To (#) field
Clinical Assistant	22####	Physician or NP billing #
Registered Nurse	N###	Physician or NP billing #
Physician Assistant	72####	Physician or NP billing #

Important Information

- ✓ All RNs, PAs and CL.As should ensure that their cytology lab captures their CervixCheck Provider Number with each Pap test that is ordered.
 - *For RNs, PAs and CL.As submitting specimens to Dynacare lab:* A billing number must be submitted on the cervical cytology requisition form in the “Bill to (#)” field. A copy of the lab report will be sent to you, but you will not be reflected as the specimen taker *in the CervixCheck registry*. CervixCheck is working with Dynacare for a solution to this.
- ✓ Registered nurses (extended practice), nurse practitioners and physicians do not need a CervixCheck Provider Number. Rather, they can record their billing number as assigned by Manitoba Health in the “Bill to (#)” field of the cytology requisition form.
- ✓ All clinicians shall refer to the CervixCheck Screening Guidelines at <https://www.cancercare.mb.ca/screening/hcp> to facilitate the required management of all cervical cytology follow-up in Manitoba.

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To obtain a CervixCheck Provider Number, complete the following fields and fax or email to CervixCheck. Your CervixCheck Provider Number will be emailed to you. If you are registered for the CervixCheck Competency Training, you do not need to complete this form. A number will be provided to you on your certificate of participation post-training.

FIRST NAME	LAST NAME	DESIGNATION (RN, PA, CA)
CLINIC NAME		
CLINIC ADDRESS	TOWN/CITY	POSTAL CODE
EMAIL	PHONE	FAX

CONTACT CERVIXCHECK:

- ✓ For screening histories of patients in your care,
- ✓ For education and resources,
- ✓ For questions about screening and patient management, or
- ✓ To host a Pap clinic in your community.