

Fecal Immunochemical Test (FIT) Requisition

FIT is provided only for colorectal cancer screening and surveillance in eligible asymptomatic patients. **It is not intended to be used as a diagnostic aid in patients with signs or symptoms of GI disease requiring further investigations.** For comprehensive colorectal cancer screening and surveillance guidelines visit www.cancercare.mb.ca/screening/hcp.

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

HEALTHCARE PROVIDER INFORMATION		
<input type="checkbox"/> Physician <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Other _____	Provider last name	Provider first name
Clinic name		Clinic phone number
Clinic address		Clinic fax number
City/town	Province	Postal code

OPTIONAL
<input type="checkbox"/> Check here if you want the FIT mailed to the healthcare provider address indicated above for patient pickup.

INDICATION FOR TEST – CHECK ONE BOX		
Requests for individuals 86 years and older will be declined .		
Average Risk Screening <input type="checkbox"/> Age 50 to 74. <input type="checkbox"/> Age 75 to 85. CRC screening in this age group should be limited to those in which the benefits outweigh the risks.	Increased Risk Screening <input type="checkbox"/> Family history of one or more first degree relative(s) diagnosed with advanced adenomas at any age. <input type="checkbox"/> Family history of one first degree relative diagnosed with CRC at age 60 years and older.	Other <input type="checkbox"/> Surveillance of low risk adenomas (LRAs) (1-2 tubular adenomas, each less than 1 centimetre and no high-grade dysplasia). <input type="checkbox"/> Childhood or young adult cancer survivors who received radiation treatment (see link to guidelines above). <input type="checkbox"/> Transplant candidate/recipient.

Fax requisition to ColonCheck at 204-774-0341

COLONCHECK TO COMPLETE – Patient not eligible
<input type="checkbox"/> FOBT/FIT within 2 years.
<input type="checkbox"/> Colonoscopy within 5 years.
<input type="checkbox"/> Does not meet age criteria (average risk screening).
<input type="checkbox"/> Other _____