CancerCare Manitoba
CervixCheck

Request for Cervical Screening Histories

1. Complete the contact information and the first 3 columns (name, PHIN and birth date).
2. Fax the form to CervixCheck at **204-779-5748**.
3. CervixCheck will fax back this form and the screening histories to the requesting clinic.
4. Call 204-788-8626 or toll free at 1-855-95-CHECK (24325) with any questions.

Clinic name: _____

Contact name: _____ **Date:** _____

Phone: _____ **Fax:** _____

NAME	PHIN	BIRTH DATE (YYYY/MM/DD)	SCREENING HISTORY FOR OFFICE USE ONLY

cancercare.mb.ca/screening/hcp

CervixCheck, CancerCare Manitoba
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Toll free: 1-855-95-CHECK
F: 204-779-5748