

Mag-request ng Cervix Self-Screening Kit

Ano ang Gagawin

Makukuha rin sa ibang mga wika.

Hanapin ang Iyong Kit Order Code

1. Ang iyong Kit Order Code ay mahahanap sa iyong sulat tungkol sa cervix screening mula sa BC Cancer (tingnan sa ibabâ).

Get your Free Cervix Self-Screening Kit		
To book online: Scan this QR code or visit: screeningbc.ca/request-kit	Your kit order code: ABC-01234567-DEF	To book by phone: Please call: 1-877-702-6566 Monday to Friday: 8:00 am – 5:30 pm Saturday: 8:30 am – 4:30 pm

Ipasok ang Iyong Kit Order Code

2. Ipasok ang iyong code sa website tulad ng ipinapakita.

Request a Cervix Self-Screening Kit

To get started, please enter the Kit Order Code provided in your letter from BC Cancer Screening.

Kit Order Code

XXX-XXXXXXXX-XXX

[I do not have a Kit Order Code](#)

[Get step-by-step instructions](#) (translations available)

I'm not a robot



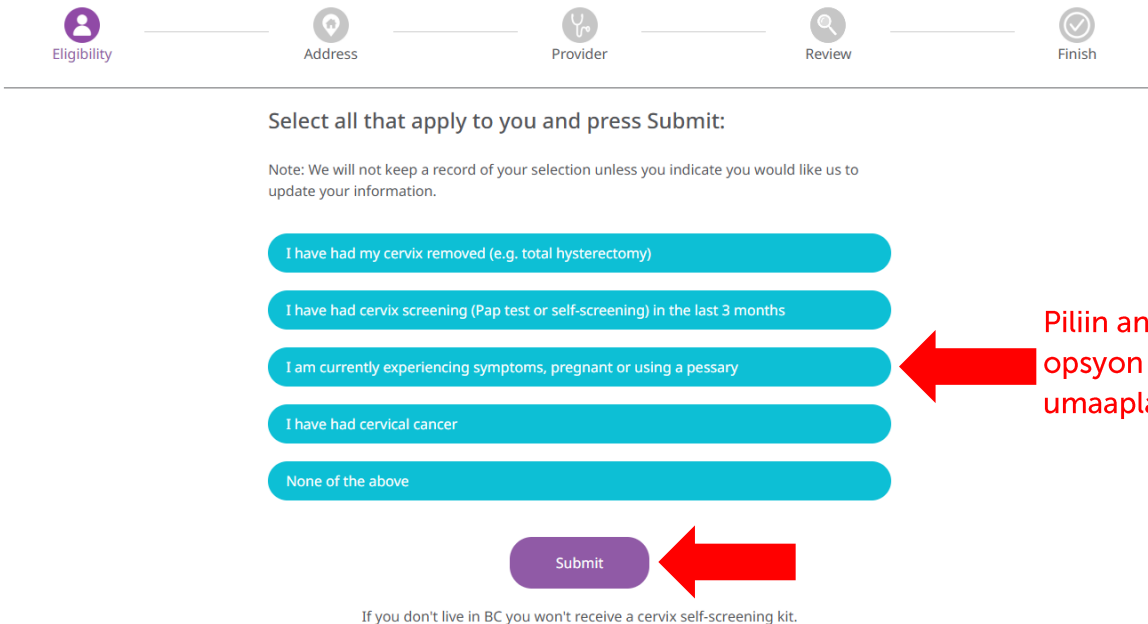
Start Kit Request

3. Pagkatapos mo ipasok ang iyong code, i-click ang 'I'm not a robot' checkbox at sundin ang mga instruksyon para i-authenticate ang iyong sarili.
4. I-click ang kulay purple na 'Simulan ang Kit Request' button para magpatuloy sa susunod na page.

Kompirmahin ang Iyong Eligibility

- Pumili ng isa man lamang na opsyon na umaaplay sa iyo at pagkatapos ay i-click ang 'Submit'.

Confirm Your Cervix Screening Eligibility



Select all that apply to you and press Submit:

Note: We will not keep a record of your selection unless you indicate you would like us to update your information.

- I have had my cervix removed (e.g. total hysterectomy)
- I have had cervix screening (Pap test or self-screening) in the last 3 months
- I am currently experiencing symptoms, pregnant or using a pessary
- I have had cervical cancer
- None of the above

If you don't live in BC you won't receive a cervix self-screening kit.

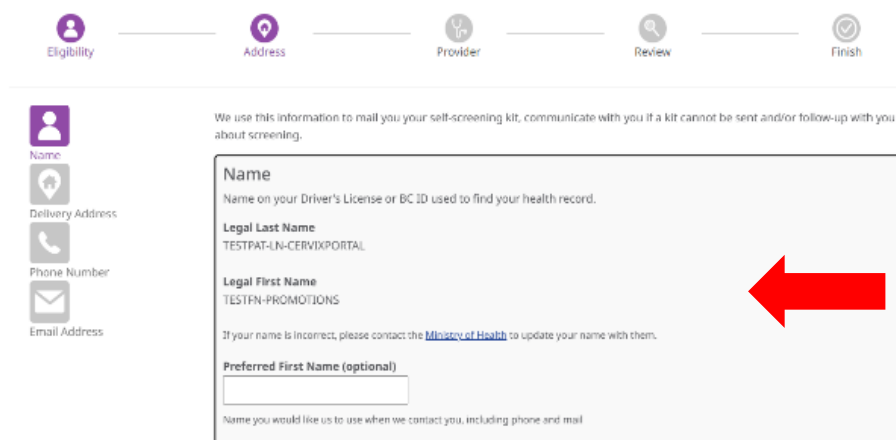
Piliin ang (mga) opsyon na umaaplay sa iyo.

- Kung pinili mo ang 'Walang alinman sa itaas'), magpapatuloy ka sa susunod na page. Kung hindi ay sasabihin sa iyo kung ano ang iyong cervix screening status.

Kompirmahin ang Iyong Impormasyon para sa Iyong Kit Order

- Ipasok o rebyuhin ang iyong personal na impormasyon kasama na ang Pangalan, Delivery Address, Telepono, at Email Address at pagkatapos ay i-click ang 'Magpapatuloy' na button.

Confirm Your Kit Order Information



We use this information to mail you your self-screening kit, communicate with you if a kit cannot be sent and/or follow-up with you about screening.

Name
Name on your Driver's License or BC ID used to find your health record.

Legal Last Name
TESTPAT-LN-CERVIXPORTAL

Legal First Name
TESTFN-PROMOTIONS

If your name is incorrect, please contact the [Ministry of Health](#) to update your name with them.

Preferred First Name (optional)

Name you would like us to use when we contact you, including phone and mail

Ipasok o i-verify na ang lahat ng iyong impormasyon na tama.



Delivery Address

Mailing Address Line 1*

Mailing Address Line 2 (optional)

City*

Province
BC

Postal Code*

The address above will be used to mail you a screening kit. If you made changes, please contact the [Ministry of Health](#) to check they have your correct mailing address to receive your results there.



Phone

You must provide at least one phone number

Home Phone

Mobile Phone

If you made changes, please contact the [Ministry of Health](#) to update your information. Changing your phone number above will not update it with the Ministry of Health.

Email

Update your email address

Email*

Re-enter Email*



I-click ang 'Magpatuloy' pagkatapos mong ipasok o i-verify ang lahat ng iyong info.

Ibigay ang Impormasyon Tungkol sa Iyong Primary Care Provider

8. Pagkatapos ay tatanungin ka namin kung kasalukuyan kang may primary care provider. *Ang primary care provider ay hindi nirerequire para mag-request ng kit.*

BC CANCER [Start your Kit Request](#) | [FAQ](#) | [Contact Us](#)

Provide Your Primary Care Provider Information

Eligibility — Address — **Provider** — Review — Finish

Do you currently have a primary care provider (e.g. family doctor, nurse practitioner, midwife, clinic) in BC to receive your results?

Yes No

You do not need a primary care provider to participate. If you need follow-up after screening you will be linked to a clinic in your community.

9. Kung sumagot ka ng 'Wala', magpapatuloy ka sa susunod na page.

10. Kung sumagot ka ng 'Oo', may lalabas na bagong seksyon na hihingi ng impormasyon tungkol sa iyong provider.

Provide Your Primary Care Provider Information

Eligibility Address Provider Review Finish

Do you currently have a primary care provider (e.g. family doctor, nurse practitioner, midwife, clinic) in BC to receive your results?

Yes No

You do not need a primary care provider to participate. If you need follow-up after screening you will be linked to a clinic in your community.

Search for your Primary Care Provider

Fill out one or more field(s)

Last Name
e.g. Smith

First Name
e.g. Jane

Clinic Address or Clinic Name
e.g. 123 Street or First Medical Clinic

City/Town
e.g. Vancouver

Phone Number
(XXX) XXX-XXXX

Ipasok kung ano ang nalalaman mo tungkol sa iyong provider.

11. Ipasok kung ano ang nalalaman mo at i-click ang 'Search'. *Hindi mo kailangang kumpletohin ang lahat ng fields kung hindi ka sigurado tungkol sa ilang mga detalye.*
12. Pagkatapos ay may makikita kang listahan ng primary care providers na tumutugma sa mga detalyeng ibinigay mo. I-click ang iyong primary care provider at pagkatapos ay i-click ang 'Magpatuloy'.

Primary Care Provider Search Results

Eligibility Address Provider Review Finish

Refine Results

Fill out one or more field(s)

Last Name
PLISBVDU

First Name
e.g. Jane

Clinic Address or Clinic Name
e.g. 123 Street or First Medical Clinic

City/Town
e.g. Vancouver

Phone Number
(XXX) XXX-XXXX

1 Primary Care Provider(s) found. Select your provider and address then scroll down to continue.

PLISBVDU, JAGGER
Address: PINETREE MEDICAL, 458 PINE RD, VANCOUVER, BC V5Z 1G1
Phone: 604-789-7878

My primary care provider and/or address is not listed

I-click ang iyong primary care provider at pagkatapos ay i-click ang 'Magpatuloy'.

- Kung hindi mo nakikitang nakalista ang iyong provider, subukang magdagdag ng impormasyon sa 'Refine Results.'
- Kung hindi pa rin nakalista ang iyong provider, mangyaring piliin ang 'Hindi nakalista ang ang primary care provider at/o ang address' at ipasok ang impormasyon tungkol sa iyong provider bago mag-click sa 'Magpatuloy'.

Primary Care Provider Search Results

Eligibility
Address
Provider
Review
Finish

Refine Results

Fill out one or more field(s)

Last Name
PLISBVDU

First Name
e.g. Jane

Clinic Address or Clinic Name
123 street

City/Town
Vancouver

Phone Number
(XXX) XXX-XXXX

[Clear all](#) [Search](#)

0 Primary Care Provider(s) found.

No results found

My primary care provider and/or address is not listed

Name of Primary Care Provider*
e.g. family doctor, nurse practitioner, midwife

Note: If you don't see a specific primary care provider at your clinic, write "NA" above and fill in fields below.

Name of Clinic*
e.g. First Medical Clinic

Clinic's Phone Number*
(XXX) XXX-XXXX

If we are unable to find your primary care provider you will be linked to a clinic in your community for follow up if needed.

Kumpletohin ang seksyon na ito.

[Continue](#)

Kompirmahin ang mga Detalye sa Kit Request

- Mangyaring rebyuhin ang lahat ng impormasyon na iyong ibinigay bago mo gawin ang iyong kit request. Maaari mong i-click ang 'Edit' button para i-edit ang anumang hindi wastong impormasyon

Confirm Kit Request Details

Eligibility
Address
Provider
Review
Finish

⚠ Your kit has NOT been requested yet. Please review your details before submitting the kit request.

Name
TESTFN-PROMOTIONS TESTPAT-LN-CERVIXPORTAL [Edit](#)

Delivery Address
123 Test Address
Unit 415
Vancouver, BC V5Z 1H1

Email
test@gmail.com

Phone Numbers
Home: (604) 111-1111
Mobile: (778) 222-2222

Primary Care Provider
Cho
Pinetree Medical
(123) 456-7891 [Edit](#)

[Submit Kit Request](#)

- Oras na nakompirma mo ná na ang impormasyon ay tama, i-click ang 'Submit Kit Request' button para mag-request ng kit. you've confirmed that the information is correct, click the 'Submit Kit Request' button to request a kit.