

申请获得自助宫颈筛查试剂盒

分步说明

也有其他语言版本。

找到试剂盒订单代码

1. 您的**试剂盒订单代码**可在您从卑诗省癌症局（BC Cancer）收到的宫颈筛查信件中找到（见下图）。



输入您的试剂盒订单代码

2. 按照信中所示在网站上输入您的代码。

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)



Start Kit Request

3. 输入代码后，点击“**I'm not a robot**”（我不是机器人）复选框，然后按照指示完成身份验证。
4. 单击紫色的“**Start Kit Request**”（开始试剂盒申请）按钮进入下一页。

确认您的资格

5. 请选择至少一个适用于您的选项，然后单击“**Submit**”（提交）。



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

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



选择适用于您的选项。



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

6. 如果您选择“**None of the above**”（以上都没有），则将进入下一页。否则，您将看到您的宫颈筛查状态。

确认您的试剂盒订单信息

7. 输入或核对您的个人信息，包括 **Name**（姓名）、**Delivery Address**（收货地址）、**Phone Number**（电话号码）和 **Email Address**（电子邮件地址），然后单击“**Continue**”（继续）按钮。

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-IN-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



输入或验证您的所有信息是否正确。



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*



输入或验证所有信息后，单击“Continue”（继续）。

提供您的初级保健提供者信息

8. 接下来，我们会询问您目前是否有初级保健提供者。申请试剂盒并不要求您必须有初级保健提供者。



[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. 如果您回答“**No**”（没有），则将进入下一页。
10. 如果您回答“**Yes**”（有），则会出现一个新部分询问该提供者的信息。

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

输入您所知道的
有关您初级保健
提供者的信息。

11. 输入您知道的信息，然后单击“**Search**”（搜索）。如果有某些具体信息您不确定，则无需填写所有字段。
12. 然后，您将看到与您提供的详细信息相匹配的初级保健提供者列表。单击您的初级保健提供者姓名，然后单击“**Continue**”（继续）。



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

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

- 如果您没有在列表中看到您的初级保健提供者姓名，请尝试在“**Refine Results**”（优化结果）中添加更多信息。
- 如果仍未列出您的初级保健提供者，请选择“**My primary care provider and/or address is not listed**”（我的初级保健提供者姓名和/或地址未列出），手动输入您初级保健提供者的信息，然后单击“**Continue**”（继续）。

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.

完成此部分。

Continue

确认试剂盒申请的详细信息

- 在发出试剂盒申请之前，请检查您提供的所有信息。您可以点击“**Edit**”（编辑）按钮来修改不正确的信息。

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

Submit Kit Request

- 确认信息正确后，请点击“**Submit Kit Request**”（提交试剂盒申请）按钮来申请试剂盒。