

索取子宮頸自我篩檢用品包

逐步說明

也備有其他語文版本。

找出您的用品包訂購代碼 (Kit Order Code)

1. 您的用品包訂購代碼可以在卑詩癌症局(BC Cancer)給您的子宮頸篩檢信中找到 (請見下面)。

| 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 |

輸入您的用品包訂購代碼

2. 如所示的在網站上輸入您的代碼。

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



reCAPTCHA
Privacy - Terms

Start Kit Request

3. 輸入您的代碼之後，點擊 'I'm not a robot' (我不是機械人) 這個方框，然後依照說明為自己進行驗證。
4. 點擊那個紫色的 'Start Kit Request' (開始索取用品包的要求) 按鈕，以便前往下一頁。

確認您符合條件

5. 選擇至少一個適用於您的選項，然後點擊 **'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

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

選擇適用於的選項。

6. 您如選擇了 **'None of the above'** (以上都不是)，就會前往下一頁。不然的話，您將會獲告知您的子宮頸篩檢狀況。

確認您的用品包訂購訊息

7. 輸入或仔細審核您的個人訊息，包括姓名、遞送地址、電話號碼及電郵地址，然後點擊 **'Continue'** (繼續) 這個按鈕。

Confirm Your Kit Order Information



- Name
- Delivery Address
- Phone Number
- Email Address

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

輸入或核實您的一切資料均屬正確。



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*



輸入了或核實了您的一切資料之後，點擊‘Continue’（繼續）。

提供您的基本保健服務提供者的資料

8. 接著，我們會問您現時有沒有基本保健服務提供者。不必有基本保健服務提供者都可以索取用品包。



[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’（沒有），您就會前往下一頁。
10. 如果您回答‘Yes’（有），一個新的部分就會出現，索取您的基本保健服務提供者的資料。

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

輸入您知道有關您的基本保健服務提供者的訊息。



11. 輸入您能夠提供的訊息，然後點擊 **'Search'** (搜尋)。如果您不確定某些細節，您不必填妥所有各欄。
12. 然後您會看見一份名單，裏面列出符合您提供的細節的基本保健服務提供者。點擊您的基本保健服務提供者，然後點擊 **'Continue'** (繼續)。



[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



- 如果您見不到您的基本保健服務提供者被列出，可嘗試將更多資料添加到 **‘Refine Results’** (篩選搜尋結果)。
- 如果您的基本保健服務提供者仍然沒有被列出，請選擇 **‘My primary care provider and/or address is not listed’** (我的基本保健服務提供者及/或地址沒有被列出)，然後手動輸入您的基本保健服務提供者的資料，之後點擊 **‘Continue’** (繼續)。

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.

Continue

填妥此部分。

確認索取用品包的要求詳情

- 作出索取用品包的要求之前，請先仔細審核您所提供的一切資料。您可以點擊 **‘Edit’** (修改) 這個按鈕來修改任何不正確的資料。

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

- 您一旦確認了資料是正確的，點擊 **‘Submit Kit Request’** (提交索取用品包的要求) 這個按鈕來索取用品包。