

# Request a Cervix Self-Screening Kit

## Step-by-step Instructions

Also available in [other languages](#)

### Locate Your Kit Order Code

1. Your **Kit Order Code** can be found in your cervix screening letter from BC Cancer (see below).

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

### Enter Your Kit Order Code


2. Enter your code on the website as shown.

**BC  
CANCER** [FAQ](#) | [Contact Us](#)

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## 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**  
 

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

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

☐ I'm not a robot 

 **Start Kit Request**

3. After you've entered in your code, click on the 'I'm not a robot' checkbox and follow the instructions to authenticate yourself.
4. Click the purple 'Start Kit Request' button to proceed to the next page.

## Confirm Your Eligibility

5. Select at least one option that applies to you and then click 'Submit'.



[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

Submit

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

Select the option(s) that apply to you.

6. If you've selected 'None of the above' you will proceed to the next page. Otherwise, you'll be notified of your cervix screening status.

## Confirm Your Kit Order Information

7. Enter or review your personal information including Name, Delivery Address, Phone Number and Email Address and then click the 'Continue' button.

### 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

Enter or verify that all your info is correct.



**Delivery Address**

Mailing Address Line 1\*

Mailing Address Line 2 (optional)

City\*

Province

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\*

  Click 'Continue' after you've entered or verified all your info.

## Provide Your Primary Care Provider Information

8. Next, we'll ask you if you currently have a primary care provider. A *primary care provider is not required to request a kit.*



[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. If you answer 'No', you will proceed to the next page.


10. If you answer 'Yes', a new section will appear asking for your provider's information.


## 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

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


Enter what you know about your provider.


11. Enter what you can and click 'Search'. You do not need to complete all fields if you are unsure about some details.
12. You'll then see a list of primary care providers who match the details you provided. Click on your primary care provider and then click 'Continue'.





[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

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

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

[Continue](#)

13. If you do not see your provider listed, try adding more information into 'Refine Results.'
14. If your provider is still not listed, please select 'My primary care provider and/or address is not listed' and manually enter your provider's information before clicking 'Continue'.

**Primary Care Provider Search Results**

**Refine Results**

Fill out one or more field(s)

Last Name  
PLUSBVDU

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 "N/A" 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](#)

Complete this section.

## Confirm Kit Request Details

15. Please review all the information you have provided before placing your kit request. You can click the 'Edit' button to edit any incorrect information.

**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

**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

[Edit](#)

**Primary Care Provider**  
Cho  
Pinetree Medical  
(123) 456-7891

[Edit](#)

[Submit Kit Request](#)

16. Once you've confirmed that the information is correct, click the 'Submit Kit Request' button to request a kit.