BC CANCER COLON SCREENING
Provincial Health Services Authority

结肠癌筛查提醒通知

Notice Date

JOHN SAMPLE
123 ANY STREET
CITY, PROVINCE, POSTAL CODE

John，您好！

我们的记录显示，您已到结肠癌筛查的时候了。根据我们的记录，您上一次结肠癌筛查日期为：24 September 2023。

BC Cancer结肠癌筛查项目建议您继续通过在家进行粪便免疫化学检测（FIT）来保护您的结肠健康。FIT是一项安全、无痛的筛查检测，您可以在家中私密环境下完成。

请根据您的健康状况，从以下选项中选择一项：

选项 1	如果您符合以下任何一项： 您最近已经完成了 FIT 检测，或您在过去十年内做过肠镜检查。 您有一名一级亲属（如父母、兄弟姐妹、子女）在 60 岁以前被诊断出有结肠癌，或有两位或以上一级亲属在任何年龄被诊断出有结肠癌。 您本人有腺瘤（即癌前息肉）病史。 您本人有克罗恩病（Crohn's Disease）或溃疡性结肠炎（Ulcerative Colitis）病史。 您目前有便血、腹痛、排便习惯改变，或不明原因体重下降。 **请勿完成 FIT 检测。请与医疗保健提供者讨论，以了解筛查是否适合您。**
选项 2	如果上述情况均不适用于您，请携带本信背面所附的化验申请单，前往卑诗省任何一家化验室领取您的检测套件。化验室地点列表可访问网站查询：www.screeningbc.ca/colon。 许多化验室会要求您预约后才能领取检测套件。 如果化验申请单上的病人信息或开单医生姓名已过时，您将无法在化验室领取 FIT 检测套件。如有任何信息不正确，请致电 1-877-702-6566。

筛查可以通过在息肉（小的增生物）转变为癌症之前将其发现，从而预防结肠癌。如果结肠癌在最早阶段被发现，存活率超过 90%。

如果您对结肠癌筛查有任何疑问，请访问：www.screeningbc.ca/colon。希望您今天就接受筛查，为自己的健康迈出积极的一步。

Sincerely,

Dr. Jennifer Telford
Medical Director
BC Cancer Colon Screening

SAMPLE

BRITISH COLUMBIA | Ministry of Health

STANDARD OUT-PATIENT LABORATORY REQUISITION

(DURING PRACTION IF ADDRESS, PHONE, MSP/PRACTITIONER NUMBER)

Yellow highlighted fields must the copbileted.

For tests indicated with a blue teet kon , consult provincial guidelines and protocols:www.gov.bc.ca/gov/(onteniumaomechnyailh/pecdotlonon profcoclntiaid/clinical-resources/laboratory-services

BILL TO: ☐ MSP ☐ MCFC ☐ WorkSafeBC ☐ PHSA/BCP ☐ OTHER: _____

PRACTITIONER LAST NAME/FIRST NAME	PHN/ULN	LOCATION FOR PRACTICE (BILLING) PHONE NUMBER

LAST NAME OF PATIENT	FIRST NAME OF PATIENT	Birth date (YYYY/MM/DD) or Other

BCN: PHN	MRN	CD	SEX		Copy to PRACTITIONER/SUP'S: Practitioner Number:
			☐ M ☐ P	Pregnant? ☐ YES ☐ NO ☐ Refusing: _____ h pc	

PRIMARY CONTACT: ☐ PAPENT ☐ OTHEE	SECONDARY CONTACT NUMBER OF PATIENT	OTHER CONTACT NUMBER OF PATIENT	Copy to PRACTITIONER/SUP'S: Practitioner Name:

ADDRESS OF PATIENT	CITY/TOWN	PROVINCE	POSTAL CODE

DIAGNOSIS: CREDEN, /MSP/CARE/COOR/CBC ADD TANIS OF LAB TESTING

HEMATOLOGY

- ☐ Hematology profile
- ☐ CBC
- ☐ NhR: (absolute or indexes)
- ☐ WBC differential (specify if differential only)
  - Cmrphresatiovs thromôb the –.T.T., INR, and/or
  - Heparinizee (ACTY) OTIEI E (Transferrase/ (CSF testing)

On Anticoagulant ☐ No ☐ Yes
Specify: _____

URINE TESTS

- ☐ Microscopic urinalysis (dipstick positive)
- ☐ Microscopic urine (culture if pyria or nitrate present)
- ☐ Microscopic urinalysis ☐ Microscopy*

* Cilnical infomation in microscope request.

CHEMISTRY

- ☐ Glucose - fasting (see reverse for patient instructions)
- ☐ CBC ...dom
- ☐ GTT - (asstational (calculator: (50 g load, 1 hour post-fasting)
- ☐ GGT - sestatonial dlabetes (other than 50 g load fasting 1 hour 6.7 am - 1 Lam)
- ☐ GTT - non gpstational dlabetes
- ☐ Immunoglobluins
- ☐ Drug levels (check tiss: NGOL - Urine

MICROBIOLOGY – *(Must ter ANS/MRN, INH and PATIENT'S BIRTH DATE (MONTH, DAY, YEAR) oa dll STIF)*

ROUTINE CULTURE
☐ Anaerobic: ☐ Both ☐ ☐ Urine ☐ Specify: _____
☐ Throat ☐ Sputum ☐ Blood ☐ Other:
☐ Supradical Wound - Site: _____
☐ Deep Wound - Site: _____
☐ Other: _____

GRAMES:
☐ Initial specimen for BV (spun only)
☐ Gram stain (unspung, cuilture, trichomonas)
☐ Gram stiins and culture

GROIPD A STREP SCREEN (Pregnancy only)
☐ Throat ☐ Vaginla/recta swab ☐ Pericanl/rectal

C ☐ fRACTIon/ ☐ Aerobic ☐ Anaerobic ☐ Urine
☐ Urtroe ☐ Throat ☐ Respirary ☐ Othoe

GONJVALLY FRANSMITTED INFECTION (STI) TESTING
☐ Chlalmydia ☐ GC ☐ HIV ☐ Syphills
☐ Other: _____

GONOREA A GC CULTURE
☐ Scrooat ☐ Sogvale ☐ Urine ☐ Rectum ☐ Other: _____

CDOOL CJLTURS
☐ Dhrargyô fpoody stool) ☐ Yes ☐ lx
☐ C. difficnlc ☐ OAP ☐ Cultuve ☐ Stool for O/S parasit (note
☐ Soool fo O/S paraiste requires fostd nirad lnad comile container)

ANTIBIOTIC PRRVENTION
☐ Ronnogodtic coltteot ☐ Hod (poofyletet comb's)
Speciment ☐ Sxt ☐ Nair ☐ Skin

Mvcoloas
☐ Fungal ☐ Site: _____

HEPATITOS:

☐ **Acute viral hepatitis panel/marked serology**
Hepatitis A (Igmb), IgM),
Hepatitis C (Antibody): (IgM)
Hepatitis E (Eutimes)

☐ **Chronic viral hepatitis (marked serology)**
Hepatitis B (HBsAg, anti-HBc, anti-HBs),
Hepatitis C (antibody)

☐ Hepatitis A/B vaccination seroloy
Hepatitis A (gG), Hepatitis B (HBsAb),
Hepatitis B (HBcAo))

Hepatitis nnarkers:
☐ **Other hepatitis markers: please odrer specific test(s) below**
☐ VCY RNA
☐ Hepatitis B DNA (Quantitative) - choose test to have thren done in odert to codrer ot rnonort trafment response to g, HBeGg, HBV DNA quantitative)

OHEER TESTS – *(Specify in detalls and copy a Timelleess)*

☐ ECG
☐ FOP (qae 50-74 asymptomate gGI:Copy to Colon Screening Program
☐ Fkt Kit: copy to Colon Screening Program

This requisition is for FIT only.

***For Lab Staff:** If unable to accession the requisition due to incomplete or inaccurate patient or provider information, please direct the patient to contact the Colon Screening Program for a new requisition 1-877-702-6566.*

LIPIDS

- ☐ Lipid Panel (fasting; fast required for patient instructions)
- ☐ Lipid Profile (non-fasting)
- ☐ Lipid ssstereel y calabeterd (then HDL) (fasti, 1 hour post-fasting 6.7 am - 1T am)
- ☐ GGT - non-enolssterrel (fasting) (or 0.5) total fasting 1 hour 6 sm - onettonma:
- ☐ Immunoysteine
- ☐ Apolipoprotein (a) (Apoa), lipids

LFT

- ☐ LFT (SGOT/AST, GGPTALT, ALP, GGT, Biliuubin, etc.)
- ☐ Lior stined (LFT)
- ☐ Hepatitis Panel (see Hepatitis section)

SPECIALIZED TESTS

- ☐ Glantiar Serase Serology (TTG IgA, EMA IgA, Total IgA)
- ☐ Genetic Fettiris
- ☐ Genetir Markers - CEA, CA 125, PSA, AFP
- ☐ CA 155, CA 19-9, CA 72-4
- ☐ Other:

Of folor tiam routine, specify, please order specific tests below anl porrdee tiagsions:

- ☐ Routine Thyroid, STIR, Free T4, Free T3) if indicated
- ☐ Cotical Antibodies; Tho, Thyroglobin) ihi indicateel
- ☐ Second the Screening Program (og. HTV, HBV, HCV if indicated

SPECIMEN:		TIME ORDERED	
DATE OF COLLECTION	TIME OF COLLECTION	COLLECTOR	TELEPHONE REQUISTION RECEIVED BY: (Employee/Back Name)

INSTTUCTIONS TO PATIENTS: (See reverse)
(Other instructions)

This personal information collected on this form is collected under the authority of the Personal Information Protection Act. This personal information is used to provide medical services and is used on this forms, as well af ⁄sr the purposes of collecting and using their personal information, including for use by the Ministry ⁄unoe by the Questiony of Health. Questions and concerns about the collection, of this information cantedvrante reosortion Oonetaoee ce cengcrone traching their personide information anptehe Hebrtino oneclbeedfcchooias anaedecroonnpsoroneeclfection, use and disclosure of this information can be directed to the Manager, Corporate Information Management at the Ministry of BtrA Pess,Shn Prav/Covt, Victoria S6 CVBV 994,(250) 932-4000.

HLTH 1801 2016/60/30

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