BC CANCER COLON SCREENING
Provincial Health Services Authority

Paalala para sa Screening ng Kanser sa Colon

Notice Date

JANE SAMPLE
123 ANY STREET
CITY, PROVINCE, POSTAL CODE

Mahal na Jane,

Ayon sa aming mga talaan, panahon na para sumailalim ka sa screening para sa kanser sa colon. Ayon sa aming mga talaan, ang iyong huling screening para sa kanser sa colon ay isinagawa noong: September 24, 2023.

Inirerekomenda ng BC Cancer Colon Screening Program na patuloy mong pangalagaan ang kalusugan ng iyong colon sa pamamagitan ng pagsasagawa ng fecal immunochemical test (FIT) sa bahay. Ang FIT ay isang ligtas at hindi masakit na screening test na maaari mong gawin nang pribado sa iyong tahanan.

Mangyaring piliin ang isa sa mga sumusunod na opsyon batay sa iyong kalagayan sa kalusugan:

Opsyon 1	Kung alinman sa mga sumusunod ay naaangkop sa iyo: Kamakailan ay nakumpleto mo ang isang FIT, o nagkaroon ka ng colonoscopy sa loob ng nakaraang sampung taon. Mayroon kang first-degree na kamag-anak (magulang, kapatid, o anak) na na-diagnose na may kanser sa colon bago mag-60 taong gulang, o dalawa o higit pang first-degree na kamag-anak na na-diagnose na may kanser sa colon sa anumang edad. Mayroon kang personal na kasaysayan ng adenomas (mga polyp na maaaring maging kanser). Mayroon kang personal na kasaysayan ng sakit na Crohn o ulcerative colitis. Kasalukuyan kang may dugo sa iyong dumi, pananakit ng tiyan, pagbabago sa pagdumi, o hindi maipaliwanag na pagbaba ng timbang. **Mangyaring huwag kumpletuhin ang FIT. Makipag-usap sa isang tagapagbigay ng pangangalagang pangkalusugan upang talakayin kung ang screening ay angkop para sa iyo.**
Opsyon 2	Kung wala sa mga nabanggit sa itaas ang naaangkop sa iyo, mangyaring dalhin ang laboratory requisition form na matatagpuan sa likod ng liham na ito sa anumang laboratoryo sa BC upang makuha ang iyong test kit. Ang listahan ng mga lokasyon ng laboratoryo ay matatagpuan sa www.screeningbc.ca/colon. Maraming lokasyon ng laboratoryo ang mangangailangan na magpa-appointment ka upang makuha ang test kit. Hindi ka makakakuha ng FIT kit sa laboratoryo kung ang impormasyon ng pasyente o ang pangalan ng nag-order na tagapagbigay ng pangangalagang pangkalusugan sa requisition form ay hindi na napapanahon. Kung mayroong anumang maling impormasyon, mangyaring tumawag sa 1-877-702-6566.

Makakatulong ang screening na maiwasan ang kanser sa colon sa pamamagitan ng pagtuklas ng mga polyp (maliliit na paglaki ng tisyu) bago pa man ito maging kanser. Kung ang kanser sa colon ay matuklasan sa pinakamaagang yugto nito, higit sa 90 porsiyento ang tsansa ng kaligtasan.

Kung mayroon kang anumang mga katanungan tungkol sa screening para sa kanser sa colon, mangyaring bisitahin ang www.screeningbc.ca/colon. Umaasa ako na gagawa ka ng isang positibong hakbang para sa iyong kalusugan sa pamamagitan ng pagpapasuri ngayon.

Lubos na gumagalang,

Dr. Jennifer Telford
Medical Director
BC Cancer Colon Screening

Phone: 1-877-702-6566 Email: screening@bccancer.bc.ca
www.screeningbc.ca/colon

Client PHN #
Notice ID: XXXXXXXXXXXX

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 provincal guidelines and protocols:www.gov.bc.ca/gov/(onterfpmroomet/hvalith/pccdotlonon profcoclntiotd/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
- ☐ NhIR: (absolute or indexes)
- ☐ WBC differential (specify if differential only)
  - Cmrphresatiovs thromôb the –.T.T., INR, and/or
  - Heparinizee (ACTY) OTIST E (Transferrase/ (CSF testing)

On Anticoagulant ☐ No ☐ Yes
Specify: _____

URINE TESTS

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

* Clinical infomation in microscope request.

CHEMISTRY

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

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

ROUTINE CULTURE

☐ Anaerobic: ☐ Both ☐ Urine ☐ Specify: _____

☐ Throat ☐ Sputum ☐ Blood ☐ Other:

☐ Supretical Wound - Site: _____

☐ Deep Wound - Site: _____

☐ Other: _____

GRAMES:

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

GROIPD A STREP SCREEN (Pregnancy only)

☐ Throat ☐ Vaginla/recta swab ☐ Pericanl/rectal

C... (BACTTion) ☐ Aerobic ☐ Anaerobic ☐ Urine
☐ Uitroe ☐ Throat ☐ Respiray ☐ Othoe

GONIVALLY PRANSMITTED INFECTION (OTI TESTING

☐ Chlalmydia ☐ GC ☐ HIV ☐ Syphills
☐ Other: _____

GONOREA A GC CULTURE

☐ Scrooat ☐ Sogvale ☐ Urine ☐ Rectum ☐ Other: _____

COOOL OTLTURS

☐ Dhratyrô fgoods stoch) ☐ Yes ☐ ...
☐ C. difficnlic ☐ OAP ☐ Cultuve ☐ Stool for O/S parasit (note
☐ Soool fo O/S paraiste requires fostd tirad Inad coenite container)

ANTIBIOTIC PRRVENTION

☐ Ronngogdtic coditeot ☐ Hod (poofyletet comb's)
Speciment ☐ Sxt ☐ Nair ☐ Skin

Mvcoloqs
☐ 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 vccciination seroloy
Hepatitis A (gG), Hepatitis B (IlissAb),
Hepatitis B (HBcAo))

Hepatitis nnarkers:

Other hepatitis markers: please odrer specific test(s) below
VCY RNA
Hepatitis B DNA (Quantitative) - choose test to have thien done in odert to codrer ot monort trainent response to g, HBeGg, HBV DNA quantitative)

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

- ☐ ECG
- ☐ FOP (qae 50-74 asymptomato gGJ: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 (nen HDL) (fasti, 1 hour post-fasting 6.7 am - 11 am)
- ☐ GGT - non-enolssterrel (fasting) (or 0.5) total fasting 1 hour 6 sm - onottomma:
- ☐ Immunoysteine
- ☐ Apolipoprotein (a) (Apoa), lipids

LFT

- ☐ LFT (SGOT/AST, GGP/TALT, ALP, GGT, Biliuubin, etc.)
- ☐ Liov stined (LFT)
- ☐ Hepatitis Panel (see Hepatitis section)

SPECIALIZED TESTS

- ☐ Glantiin Setase Serology (TTG IgA, EMA IgA, Tolal IgA)
- ☐ Genetic Festitis
- ☐ Genetir Markers - CEA, CA 125, PSA, AFP
- ☐ CA 155, CA 19-9, CA T2-4
- ☐ Other:

Of folor rtam routine, specify, please order specific tests below ant porrdee tiagsions:

- ☐ Routine Thyroid, SITR, Free T4, Free T3) if indicated
- ☐ Cofical Antibodies; Tho, Thyroglobin) thi indicateel
- ☐ Second the Screening Program (og. HTY, 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 for the purposes of collecting and using their personal information, including for use by the Ministry (urroa by the Questiony of Health. Questions and concerns about the collection, of this information cantedvrante reosortom Omtaoee ce cengcrone traching their personide information anptehe Hebrtino oodbeedficchooias anoedec roonnpsoroneeclfection, 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.

SAMPLE