BC CANCER COLON SCREENING
Provincial Health Services Authority

大腸癌篩檢提醒通知

Notice Date

JANE SAMPLE
123 ANY STREET
CITY, PROVINCE, POSTAL CODE

Jane，您好!
我們的紀錄顯示，您已到接受大腸癌篩檢的时间。根據紀錄，您上次大腸癌篩檢日期為：24 September 2023。

BC Cancer 大腸癌篩檢計畫建議您透過在家進行糞便免疫化學檢測（FIT）來保護您的大腸健康。FIT 是一項安全、無痛的篩檢測試，您可以在家中私密的環境下自行完成。

請根據您的健康狀況，從以下選項中選擇一項：

選項 1	如果您符合以下任何一項： 您最近完成過一次 FIT 檢測，或您在過去十年內曾接受過大腸鏡檢查。 您有一位一等親（父母、兄弟姊妹、子女）在 60 歲之前被診斷患有大腸癌，或有兩位或以上一等親在任何年齡被診斷患有大腸癌。 您本人有腺瘤（即癌前息肉）病史。 您本人有克隆氏症(Crohn's disease)或潰瘍性結腸炎(ulcerative colitis)病史。 您目前有糞便帶血、腹痛、排便習慣改變，或不明原因的體重減輕。 **請勿完成 FIT 檢測。請與醫療保健提供者討論，以了解篩檢是否適合您。**
選項 2	如果上述情況皆不適用於您，請攜帶本信背面所附的化驗申請單前往卑詩省任何一家化驗所領取您的檢測套件。化驗所地點列表，請查詢：www.screeningbc.ca/colon。 許多化驗所會要求您先預約才能領取檢測套件。 如果化驗申請單上的病人資料或開單的醫生姓名已過時，您將無法在化驗所領取 FIT 檢測套件。如有任何資料不正確，請致電 1-877-702-6566。

篩檢可透過在息肉（細小增生）演變成癌症之前將其發現，從而預防大腸癌。如果大腸癌在最早階段被發現，存活機會超過 90%。

如果您對大腸癌篩檢有任何疑問，請瀏覽 www.screeningbc.ca/colon。希望您今天就接受篩檢，為自己的健康邁出積極的一步。

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

SAMPLE