



Newfoundland and Labrador
Colon Cancer Screening Program

Request Form

Fecal Immunochemical Test Kit (FIT)

Telephone: (709) 752-6713 Toll Free: 1-855-614-0144

Fax: (709) 752-6711

E-mail: NLCCSP@easternhealth.ca



Participant **MUST** meet all criteria below:

- ☐ 50-74 years of age.
- ☐ Does not have a personal history of Colon Cancer, Adenomas or Inflammatory Bowel Disease.
- ☐ Does not have a parent/sibling/child diagnosed with colon cancer before age 60.
- ☐ Does not have two or more first degree family members (mother, father, brother, sister, or child) diagnosed with colon cancer.
- ☐ Has not had a colonoscopy within the last five years.

Please complete the following:

Name (as it appears on HCN card): _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____

Health Care Number (HCN): _____

Date of Birth: DD/MONTH/YYYY

Gender: ☐ Male ☐ Female

Primary Care Provider: _____

Submit Form