

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: \square Male \square Female	
Primary Care Provider:	

Submit Form

Eastern Health acknowledges and respects the privacy of individuals. This personal health information is being collected under the authority of Sections 29, 30 and 31 of the *Personal Health Information Act.* This information will be used to track and monitor results of your participation in the Newfoundland and Labrador Colon Cancer Screening Program. If you have any questions about the collection of this information, please contact: Privacy Officer, Eastern Health, Access and Privacy Office, Southcott Hall, 777-8025.