



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: \_\_\_\_\_

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