

Colorectal Cancer Screening Service Phone 1-888-561-2233, fax 902 370 5870 colcerscreening@ihis.org



Service de dépistage du cancer colorectal Phone 1-888-561-2233, fax 902 370 5870 colcerscreening@ihis.org

FIT Home Screening Test Request Form

Please complete this form to request your home screening test and submit it to Health PEI:

- Fax: (902) 370-5870
- Email: colcerscreening@ihis.org
- Office: Colorectal Screening Program, Four Neighborhoods Health Centre, 152 St. Peters Road, Charlottetown, PE C1A 5P8

Name:		Date of birth:
Health Card Number:		
Mailing Address:		
City:		Postal Code:
Phone:		
OPTIONAL Email address:		
Is it ok to send messages to your email?	□ No □ Yes	if "yes" I agree to the acknowledgment and acceptance of risk for sending personal information by email. I understand that there are risks associated with sending personal information to an unsecured email address, including a risk that my information could be accessed by someone else in transit. I decline the option of receiving my personal information in encrypted form. I accept the risk and request that Health PEI send my personal information to me at the email address I have provided.
Signature:		Date:

Personal health information on this form is collected for the purposes of the provision of health care. Your information will be collected, used and disclosed only as permitted by the Health Information Act, RSPEI 1988, c H-1.41, and other applicable legislation. For more information on privacy and your personal health information, visit www.healthpei.ca/yourprivacy or contact 1-888-561-2233. This form will expire two years from the date of signature.