

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: colcancerscreening@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: _____