

## How to Complete the Fecal Immunochemical Test (FIT) Requisition for Mailed Colorectal Cancer Screening

An inaccurate or incomplete requisition can result in testing delays or rejection of the specimen.

### Eligibility Criteria

- Review this section first to confirm that the patient is eligible to screen through the ColonCancerCheck program.

### Replacement Kit Needed

- Check this box and complete the applicable sections below if a patient needs a replacement FIT kit (e.g., the FIT kit was lost, damaged or not received). If this box is not checked, the requisition may be considered a duplicate and rejected.

### Requester Information

- **Requester type:** Check the appropriate box in this field. Indicate whether you are a physician, nurse practitioner, mobile coach provider or Health811 operator.
- **Contact information:** Provide your full name, address, fax number and phone number. Hamilton Niagara Haldimand Brant mobile coach providers must provide the responsible physician's contact information. Health811 operators and North West mobile coach providers do not need to provide responsible physician contact information.
- **Mobile coach ID:** Only fill out this field if you are a mobile coach provider.
- **CPSO or CNO number:** Provide your College of Physicians and Surgeons of Ontario (CPSO) or College of Nurses of Ontario (CNO) number, unless you are a Health811 operator or a North West mobile coach provider. If you are completing this requisition under a medical directive, follow the documentation requirements of your medical directive. Hamilton Niagara Haldimand Brant mobile coach providers must provide the responsible physician's CPSO number.
- **Copy to:** Fill out this section if another physician, nurse practitioner or nurse in charge of a nursing station or health centre needs a copy of the result report. Provide their full name, fax number, CPSO or CNO number (if available), and phone number.

### Patient Information

- **Patient name, OHIP number, and date of birth:** Provide the patient's name, OHIP number, and date of birth. This information must match the information on the patient's OHIP card.
- **Sex:** Choose the patient's sex, which must match the sex on their OHIP card. If their sex is "X" on their OHIP card, select "Other." If their sex is unknown, this field may be left blank.
- **Patient address:** Provide the patient's address, including street address, city, province and postal code. This must be accurate for the patient to get a result letter in the mail and to protect their privacy, so please verify the address with the patient. If the patient does not have a fixed Ontario address, leave this field blank. The laboratory will contact any providers who leave this field blank to double check that the patient does not have an appropriate address.
- **Phone number and phone type:** Provide the patient's phone number and type, if available.

### FIT Kit Mailing Address

- Only complete this section if the patient wants their FIT kit mailed to an address in Ontario that is different than their address in "Section 2: Patient Information" or if they do not have a primary mailing address. You must fill out this section if the patient's primary mailing address is blank, or they will not get a FIT kit.
- Provide complete mailing address information, including street address, facility name (if applicable), city and postal code. Examples of facilities include community health centres and nursing stations. This section must be accurate for the patient to get a FIT kit and to protect the patient's privacy. The patient will have to pick up their FIT kit from this address if they do not live there.

### Requester Verification

- Sign and date the requisition. A digitized image of your signature (eSignature) will only be accepted if it is generated by certified electronic medical record software.

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, [info@ontariohealth.ca](mailto:info@ontariohealth.ca).  
Document disponible en français en contactant [info@ontariohealth.ca](mailto:info@ontariohealth.ca)



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