Fecal Immunochemical Test (FIT) Requisition – For Colorectal Cancer Screening

Form Completion Fee Code Q150

LifeLabs®

Eligibility Criteria: 1

- Age 50 to 74
- Asymptomatic
- No personal history of colorectal cancer, Crohn's disease involving the colon or ulcerative colitis
- No first-degree relative diagnosed with colorectal cancer
- No colorectal polyps needing surveillance
- Due for screening (no FIT in the last two years, and no flexible sigmoidoscopy or colonoscopy in the last 10 years)
- Valid Ontario Health Insurance Plan (OHIP) number

Lab Use Only

Note:
- Do not use for the workup of patients with overt GI bleeding and/or anemia.
- ColonCancerCheck does not recommend routine screening for people over 74 years. Decisions to screen those between the ages of 75 to 85 years should include an assessment of risks and benefits, and take into consideration health, life expectancy, and prior screening history. It is not appropriate to screen people over 85 years of age.

2

☐ Check box if patient requires a new FIT kit (i.e., FIT was lost, damaged, or not received) and complete this form. Call LifeLabs for questions: **1-833-676-1426**

All sections on this form must be accurate and complete. Fax the requisition to 1-833-676-1427

1. Requester Information

Requester Type (check one): 3	Mobile Coach ID: 4	CPSO or CNO Number: 5	OHIP Billing Number:
☐ Physician ☐ Mobile Coach ☐ Nurse Practitioner ☐ Telehealth Ontario			

Last Name:	Middle Name (optional):	First Name:
Office Address:		Office Phone Number: ( )
City:	Province: / Postal Code:	Fax Number: ( )

Copy to: Physician/Nurse in Charge for Nursing Stations. If the same as Requester Information, do not complete this section. 6

Last Name:	Middle Name (optional):	First Name:
Office Address:		Office Phone Number: ( )
City:	Province: / Postal Code:	Fax Number: ( )

2. Patient Information (Cancer Care Ontario patient result letters and other correspondence will be sent to the Patient Address)

Last Name (on OHIP card):	Middle Name (on OHIP card, optional):	First Name (on OHIP card):	
Date of Birth (on OHIP card): yyyy/mm/dd	OHIP Number:	OHIP Version: 8	Sex: ☐ Male ☐ Female
Patient Address: 7		Primary Phone Number: 9 ( )	Ext. (optional)
City: / Province: / Postal Code:		Cell Phone Number (optional, if not primary number): 10 ( )	Type: ☐ Work ☐ Home ☐ Cell

3. FIT Kit Mailing Address (for patients who prefer to have their kit mailed to a different address within Ontario)

FIT Kit Mailing Address: 11

Facility Name (if applicable):		Primary Phone Number: ( )	Type: ☐ Work ☐ Home ☐ Cell
City: / Province: Ontario / Postal Code:		Ext. (optional)	

4. Requester Verification

Requester Signature: 12	Date: yyyy/mm/dd

Need this information in an accessible format? 1-855-460-2647, TTY 416-217-1815 publicaffairs@cancercare.on.ca

Ontario
Cancer Care Ontario

How to Complete Your Fecal Immunochemical Test (FIT) Requisition

1. **Eligibility Criteria**: This section outlines the ColonCancerCheck program eligibility criteria for screening someone at average risk of colorectal cancer. Primary care providers must review the eligibility criteria to confirm their patient is eligible to screen for colorectal cancer with the FIT. Screening recommendations can be found at www.cancercareontario.ca/CCCrecommendations.
2. **Patient requires a new FIT kit:** If the patient requires a new FIT kit (e.g., the FIT kit was lost, damaged or not received), primary care providers can request a new FIT kit by checking this box and completing the applicable sections below (Sections 1 and 2, and Section 3, if applicable). If this box is not checked for a patient who requires a new FIT kit, LifeLabs may consider this requisition a duplicate and reject it.

Section 1: Requester Information

3. **Requester Type:** Primary care providers must check the applicable box (i.e., Physician, Nurse Practitioner, Mobile Coach, Telehealth Ontario) to indicate how the FIT was requested.
4. **Mobile Coach ID:** This field should only be completed by mobile coaches (Hamilton Niagara Haldimand Brant and North West).
5. **CPSO or CNO #:** Primary care providers must provide their College of Physicians and Surgeons of Ontario (CPSO) or College of Nurses of Ontario (CNO) number. The Hamilton Niagara Haldimand Brant mobile coach must also provide the CPSO number of the responsible physician. Telehealth Ontario and the North West mobile coach should not complete this field.
6. **Copy to:** If another physician, nurse practitioner, or nurse in charge of a nursing station requires a copy of the result report, the "Copy to" field must include their full name, office address, phone number and fax number.

Section 2: Patient Information

7. **Patient Address:** Provide complete address information, including street address, city, province and postal code. This information must be accurate for the patient to receive a FIT kit and FIT result letter in the mail, and to protect the patient's privacy. If the patient address is the only address provided, the FIT kit will be mailed to this address. If your patient would like their FIT kit to be sent to a different address, please see instructions in "Section 3: FIT Kit Mailing Address." FIT kits will only be mailed within Ontario. If your patient is homeless or home insecure and does not have a stable address, this field can be left blank. Please note that given the importance of address accuracy to ensure patients receive result letters from Cancer Care Ontario, LifeLabs will follow up with providers if this field is blank to ensure that there is no appropriate address to list for the patient.
8. **Sex:** Primary care providers should check the applicable box (i.e., Male or Female). If patient sex is unknown, this field may be left blank.
9. **Primary Phone Number and Type:** Patient phone number and type (i.e., Home, Work, Cell) should be provided, if available.
10. **Cell Phone Number:** The patient's cell phone number is an optional field that may be provided if it is available and if it is not already listed as the primary phone number. Providing a cell number will make it easier for LifeLabs to contact the patient to confirm information (e.g., date of stool collection), as required. LifeLabs will only contact the patient using the cell phone number if they cannot reach the patient at the main contact number provided.

Section 3: FIT Kit Mailing Address

Note: Primary care providers are only required to complete this section if the patient would prefer to have their FIT kit mailed to an address in Ontario that is different than the patient address provided in "Section 2: Patient Information", or if the primary mailing address is left blank.

11. **FIT Kit Mailing Address:** Provide complete mailing address information, including street address, facility name (if applicable), city, postal code, and primary phone number and type (i.e., Home, Work, Cell). Examples of facilities include community health centres and nursing stations. This section must be accurate for the patient to receive a FIT kit in the mail, to reduce mailing delays and to protect the patient's privacy. The patient will have to pick up their FIT kit from the FIT kit mailing address if they do not live there. It is important to note that if the patient's primary mailing address is left blank, the FIT kit mailing address section must be completed to ensure the patient can receive their FIT kit.

Section 4: Requester Verification

12. **Requester Signature:** Primary care providers are required to sign and date the FIT requisition. A digitized image of a primary care provider's signature will be accepted under the following condition: eSignatures must be generated by a certified electronic medical record (EMR) software.