



### Primary Care Provider Patient Tracking Form

#### CIHR/CancerCare Manitoba Team in Primary Care Oncology Research Theme Three Research Study: Innovative Tools to Improve Colorectal Cancer Screening Rates in Manitoba

Primary Care Provider: \_\_\_\_\_ (filled out by study coordinator)

Clinic (if applicable): \_\_\_\_\_ (filled out by study coordinator)

Date (dd/mm/yy): \_\_\_\_\_ (filled out by family physician)

Patient Name: \_\_\_\_\_ (filled out by family physician)  
(please print last name, first name)

- FOBT checked off on lab requisition
- FOBT given to patient by medical clinic support staff
- FOBT given to patient directly by family physician

Study Identification Number: \_\_\_\_\_ (unique for each patient; filled out by study coordinator)

Study Identification sticker:

Removable sticker containing the unique seven digit alpha numeric study identification number; removed by physician and placed onto the patient's In-Clinic Survey

(Please remove the sticker and affix it to the patient's In-Clinic Survey. Clip In- Clinic Survey to back of study binder.)

If you have any questions, please contact the study coordinator, Kathleen Clouston, at 272-3086 or [kclousto@cc.umanitoba.ca](mailto:kclousto@cc.umanitoba.ca)