



Primary Care Provider (Family Physician)/Clinic Characteristics Form

Re: Innovative Tools to Improve Colorectal Cancer Screening Rates in Manitoba

Clinic Name: _____

PIN Site: Yes No

Address (postal code): _____

Telephone number(s): _____

FAX number: _____

Physician(s) Name(s): _____

Support Staff (contact): _____

Business Card(s) collected: _____

Paper-Based Patient Chart: Yes / No Electronic Medical Records: Yes / No

Laboratory used: _____ Trainor Laboratories

_____ Central Medical Laboratories

_____ Assiniboine Clinic Laboratory

Other: _____

Sample Laboratory Requisition collected (if appropriate): Yes / No



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Standard method of FOBT: _____ Checked off on Laboratory Requisition Form (given to the patient to take to the laboratory)

_____ FOBT directly distributed to patient by PCP.

_____ Study coordinator obtained an FOBT kit from those distributing FOBT kits to patients

Other (describe): _____

Does PCP inform patient they are requesting an FOBT test on Lab requisition?

Yes / No / Not Applicable

Does PCP inform patient they want the patient to do the FOBT? Yes / No

Typical communication(s) about the FOBT with patient (if any): _____

