

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