

## Patient Information

Health insurance number (RAMQ) ..... Expiration .....

.....  RAMQ not available

Patient's name at birth ..... First name .....

.....

Mother's full name ..... Date of birth (yyyy-mm-dd) .....

Address .....

.....

City ..... Postal code .....

.....

Telephone .....

Home: .....	Cell: .....
Work: .....	Extension: .....

E-mail ..... Sex  
 M  F

# Form

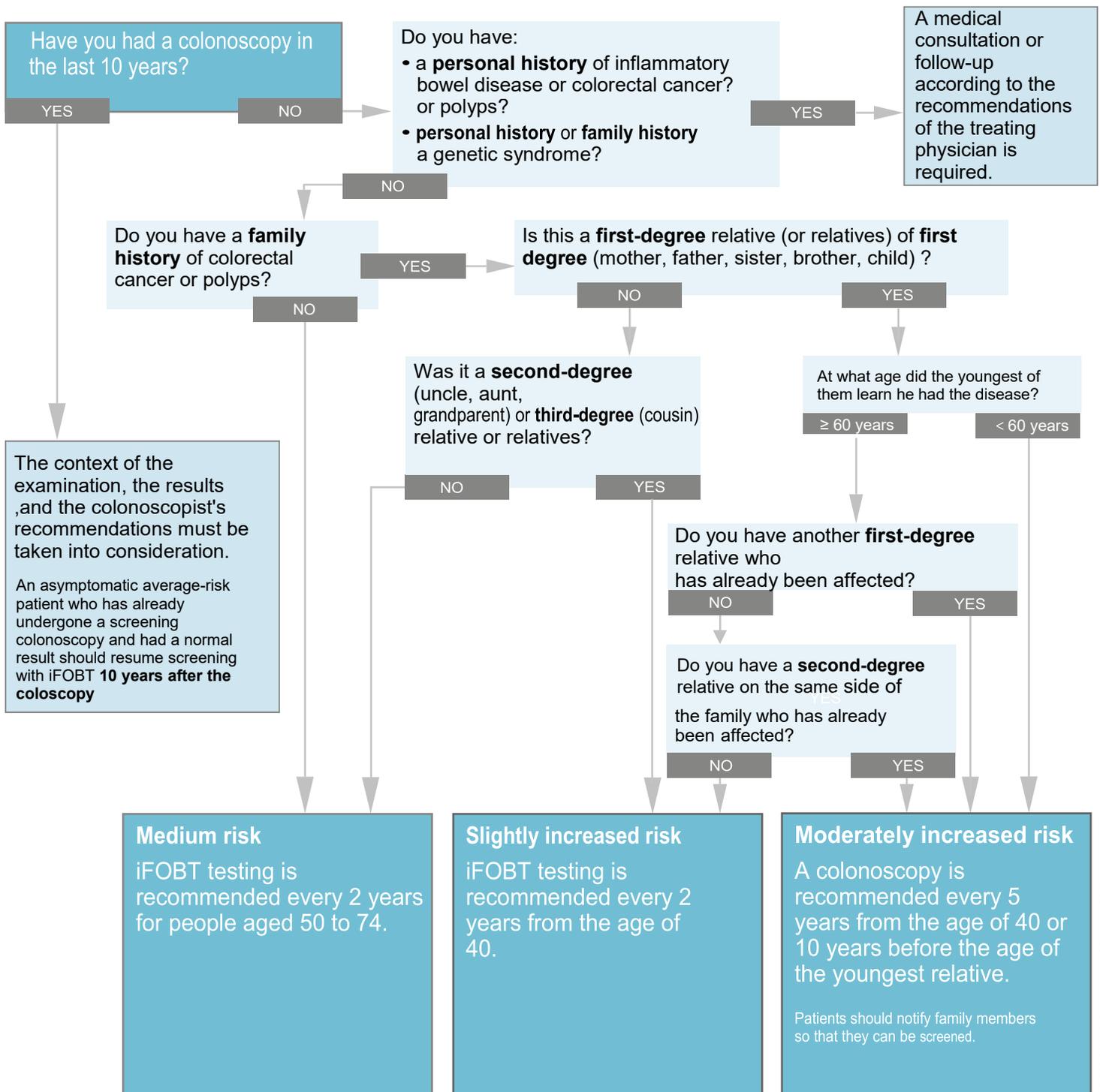
## Immunochemical Fecal Occult Blood Test (iFOBT)

### Important

Be sure to give patients a kit that will not expire within the next 15 days.

Prescriber Information Required fields (please print)	Prescriber's address Required fields (please print)
Name:	Address:
First name:	City:
Licence number:	Province:   Postal code:
Signature:	Telephone:
C.C. to (optional):	Fax (for reports):
Information to be provided by the patient	
Specimen collection date:	
At the time of collection, did you have:	Your period <input type="checkbox"/> Yes <input type="checkbox"/> No
	Hemorrhoids <input type="checkbox"/> Yes <input type="checkbox"/> No
Information to be provided by the requesting centre (in block letters in the left-hand space, or with your contact details stamped in the right-hand space) The prescriber does not need to complete this section.	
Name of requesting centre:	
Address:	
City:   Postal code:	
Contact:	
Telephone:	
Fax (for reports):	
Patient's record number (optional):	
Comments	
<p>The RAMQ number is mandatory. In case of the following exceptions, please check off "Not available" in the "Patient Information" section.</p> <ul style="list-style-type: none"> <li>• Non-Canadian residents</li> <li>• People in carceral settings</li> <li>• Military personnel</li> </ul>	For the laboratory
	<p>Conditions for specimen shipment:</p> <ul style="list-style-type: none"> <li>• Do not send frozen specimens.</li> <li>• Do not send the specimen if the device has been damaged.</li> </ul>

# Risk-based colorectal-cancer screening algorithm (asymptomatic individuals<sup>1</sup>)



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1) A diagnostic colonoscopy should be offered to people with the following symptoms:

- A recent and persistent change in bowel habits
- Rectorrhagia
- Unexplained iron-deficiency anemia
- Any other combination of signs, symptoms, or paraclinical and radiological abnormalities suggesting the presence of colorectal cancer or inflammatory bowel disease