



**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



### **Innovative Tools to Improve Colorectal Cancer Screening Rates in Manitoba**

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): \_\_\_\_\_

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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): \_\_\_\_\_

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