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

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20/07/10