

Bowel Cancer Screening Programme

Bowel Screening Kit Replacement Request Form

GP Practice and Requester Details

GP Practice Name:

GP Practice Address:

.....

.....

GP Practice Code:

Date of Request:Request Type:.....

Healthcare worker declaration: I have discussed the NHS Bowel Cancer Screening Programme with the afore mentioned subject/patient and they wish to take up the offer of screening. They consent to the sharing of their personal details so that I can contact the London Bowel Cancer Screening Programme Hub and arrange for a new bowel screening kit to be sent to their home address.

Receipt of this form will be recorded in the episode notes on Bowel Cancer Screening System by the Programme Hub and in the patient's medical records by the healthcare worker.

Name Requester:Job Title:.....

Subject/Patient Demographics

Subject.....

Patient NHS Number:DOB:.....

Name:

Address:

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Completed form must be returned to:

Email address: LNWH-tr.BCSP@nhs.net

Safe Haven Fax: 020 8869 5281

DDI Telephone: 020 8869 5265

Freephone Helpline: 0800 707 60 60

Emails can only be accepted from an NHS net account, and telephone request for test kits can only be processed where the Subject's/Patient's demographics (minimum 3 identifiers) are made available.