

Solicite un kit de autoexploración del cuello uterino

Instrucciones paso a paso

También disponibles en otros idiomas.

Busque el código para pedir su kit

1. El código de pedido de su kit (*Kit Order Code*) está en la carta que le envió BC Cancer para hacerse un examen del cuello uterino (vea abajo).

Get your Free Cervix Self-Screening Kit		
To book online: Scan this QR code or visit: screeningbc.ca/request-kit	Your kit order code: ABC-01234567-DEF	To book by phone: Please call: 1-877-702-6566 Monday to Friday: 8:00 am – 5:30 pm Saturday: 8:30 am – 4:30 pm

Escriba el código de pedido de su kit

2. Escriba su código en el sitio web tal como se muestra.

Request a Cervix Self-Screening Kit

To get started, please enter the Kit Order Code provided in your letter from BC Cancer Screening.


Kit Order Code

XXX-XXXXXXXX-XXX

[I do not have a Kit Order Code](#)

[Get step-by-step instructions](#) (translations available)

I'm not a robot

 reCAPTCHA
Privacy - Terms

Start Kit Request

3. Después de escribir el código, seleccione la casilla 'I'm not a robot' ('No soy un robot') y siga las instrucciones para verificar su identidad.
4. Haga clic en el botón morado 'Start Kit Request' para iniciar la solicitud del kit y avanzar a la siguiente página.

Confirme si cumple los requisitos

5. Seleccione al menos una opción que se aplique a usted y haga clic en 'Submit' para enviar.

Confirm Your Cervix Screening Eligibility

Eligibility Address Provider Review Finish

Select all that apply to you and press Submit:

Note: We will not keep a record of your selection unless you indicate you would like us to update your information.

- I have had my cervix removed (e.g. total hysterectomy)
- I have had cervix screening (Pap test or self-screening) in the last 3 months
- I am currently experiencing symptoms, pregnant or using a pessary
- I have had cervical cancer
- None of the above

Submit

If you don't live in BC you won't receive a cervix self-screening kit.

Seleccione la opción u opciones que se apliquen a usted.

6. Si no seleccionó ninguna opción ('None of the above'), pasará a la página siguiente. De lo contrario, se le notificará su estado en el examen del cuello uterino.

Confirme la información del pedido de su kit

7. Escriba o revise su información personal, incluyendo su nombre (Name), la dirección de envío (Delivery Address), su número telefónico (Phone Number) y su correo electrónico (Email Address); para continuar, haga clic en el botón 'Continue'.

Confirm Your Kit Order Information

Eligibility Address Provider Review Finish

Name
Delivery Address
Phone Number
Email Address

We use this information to mail you your self-screening kit, communicate with you if a kit cannot be sent and/or follow-up with you about screening.

Name
Name on your Driver's License or BC ID used to find your health record.

Legal Last Name
TESTPAT-LN-CERVIXPORTAL

Legal First Name
TESTFN-PROMOTIONS

If your name is incorrect, please contact the [Ministry of Health](#) to update your name with them.

Preferred First Name (optional)

Name you would like us to use when we contact you, including phone and mail

Escriba sus datos o revise que todos estén correctos.



Delivery Address

Mailing Address Line 1*

Mailing Address Line 2 (optional)

City*

Province
BC

Postal Code*

The address above will be used to mail you a screening kit. If you made changes, please contact the [Ministry of Health](#) to check they have your correct mailing address to receive your results there.



Phone

You must provide at least one phone number

Home Phone

Mobile Phone

If you made changes, please contact the [Ministry of Health](#) to update your information. Changing your phone number above will not update it with the Ministry of Health.

Email

Update your email address

Email*

Re-enter Email*



Haga clic en 'Continue' después de escribir o revisar toda su información.

Proporcione la información de su proveedor de atención médica primaria

8. A continuación, le preguntaremos si actualmente tiene un proveedor de atención médica primaria. *No es necesario tener un proveedor de atención médica primaria para solicitar un kit.*



[Start your Kit Request](#) | [FAQ](#) | [Contact Us](#)

Provide Your Primary Care Provider Information



Eligibility



Address



Provider



Review



Finish

Do you currently have a primary care provider (e.g. family doctor, nurse practitioner, midwife, clinic) in BC to receive your results?

Yes

No

You do not need a primary care provider to participate. If you need follow-up after screening you will be linked to a clinic in your community.

9. Si responde 'No', pasará a la página siguiente.

10. Si responde que sí ('Yes'), aparecerá una nueva sección en la que le pedirán los datos de su proveedor.

Provide Your Primary Care Provider Information

Eligibility — Address — **Provider** — Review — Finish

Do you currently have a primary care provider (e.g. family doctor, nurse practitioner, midwife, clinic) in BC to receive your results?

Yes No

You do not need a primary care provider to participate. If you need follow-up after screening you will be linked to a clinic in your community.

Search for your Primary Care Provider

Fill out one or more field(s)

Last Name
e.g. Smith

First Name
e.g. Jane

Clinic Address or Clinic Name
e.g. 123 Street or First Medical Clinic

City/Town
e.g. Vancouver

Phone Number
(XXX) XXX-XXXX

Introduzca la información que conoce de su proveedor.

11. Introduzca los datos que pueda y busque a su proveedor haciendo clic en 'Search'. No es necesario llenar todos los campos si tiene duda sobre algunos datos.
12. A continuación, verá una lista de proveedores de atención médica primaria que coinciden con los datos que proporcionó. Haga clic en su proveedor de atención primaria y luego presione 'Continue'.

Primary Care Provider Search Results

Eligibility — Address — **Provider** — Review — Finish

Refine Results

Fill out one or more field(s)

Last Name
PLISBVDU

First Name
e.g. Jane

Clinic Address or Clinic Name
e.g. 123 Street or First Medical Clinic

City/Town
e.g. Vancouver

Phone Number
(XXX) XXX-XXXX

1 Primary Care Provider(s) found. Select your provider and address then scroll down to continue.

PLISBVDU, JAGGER
Address: PINETREE MEDICAL, 458 PINE RD, VANCOUVER, BC V5Z 1G1
Phone: 604-789-7878

My primary care provider and/or address is not listed

- Si no encuentra a su proveedor en la lista, intente agregar más detalles en 'Refine Results'.
- Si su proveedor sigue sin aparecer en la lista, seleccione 'My primary care provider and/or address is not listed' e ingrese manualmente los datos de su proveedor antes de hacer clic en 'Continue'.

Primary Care Provider Search Results

Eligibility
Address
Provider
Review
Finish

Refine Results

Fill out one or more field(s)

Last Name
PLISBVDU

First Name
e.g. Jane

Clinic Address or Clinic Name
123 street

City/Town
Vancouver

Phone Number
(0000) XXX-XXXX

Clear all Search

0 Primary Care Provider(s) found.

No results found

My primary care provider and/or address is not listed

Name of Primary Care Provider*
e.g. family doctor, nurse practitioner, midwife

Note: If you don't see a specific primary care provider at your clinic, write "N/A" above and fill in fields below.

Name of Clinic*
e.g. First Medical Clinic

Clinic's Phone Number*
(0000) XXX-XXXX

If we are unable to find your primary care provider you will be linked to a clinic in your community for follow up if needed.

Continue

Llene esta sección.

Confirme los detalles de la solicitud del kit

- Por favor, revise toda la información que proporcionó antes de enviar la solicitud de su kit. Puede hacer clic en el botón 'Edit' para corregir cualquier dato incorrecto.

Confirm Kit Request Details

Eligibility
Address
Provider
Review
Finish

⚠ Your kit has NOT been requested yet. Please review your details before submitting the kit request.

Name
TESTFN-PROMOTIONS TESTPAT-LN-CERVIXPORTAL [Edit](#)

Delivery Address
123 Test Address
Unit 415
Vancouver, BC V5Z 1H1

Email
test@gmail.com

Phone Numbers
Home: (604) 111-1111
Mobile: (778) 222-2222

Primary Care Provider
Cho
Pinetree Medical
(123) 456-7891 [Edit](#)

Submit Kit Request

- Cuando haya confirmado que la información es correcta, haga clic en el botón 'Submit Kit Request' para concluir el proceso de solicitud del kit.