

索取子宮頸自我篩檢用品包

逐步說明

也備有其他語文版本。

找出您的用品包訂購代碼 (Kit Order Code)

1. 您的**用品包訂購代碼**可以在卑詩癌症局(BC Cancer)給您的子宮頸篩檢信中找到(請見下面)。

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

輸入您的用品包訂購代碼

2. 如所示的在網站上輸入您的代碼。



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				
do not have a Kit Order C	lode			
Get step-by-step instruction	o <u>ns</u> (translations avail	lable)		
l'm not a robot	reCAPTCHA Privacy - Terms			
			Start Kit Request	

- 3. 輸入您的代碼之後,點擊 'I'm not a robot' (我不是機械人) 這個方框,然後依照說明為自己 進行驗證。
- 4. 點擊那個紫色的 'Start Kit Request' (開始索取用品包的要求) 按鈕,以便前往下一頁。

確認您	符合條件				
5.	選擇至少-	一個適用於您的選項	,然後點擊 'Submit' (打	提交)。	
BC CAN CER	2			<u>Start your Kit Requ</u>	est FAQ Contact Us
		Confirm You	r Cervix Screen	ing Eligibility	,
E	B	Address	Provider	Review	Finish
		Select all that app Note: We will not keep a re update your information.	bly to you and press Submit	: e you would like us to	
		I have had cervix screen I am currently experience	ing (Pap test or self-screening) in the last ting symptoms, pregnant or using a pess	3 months	選擇適用於
		I have had cervical canc	er		
		None of the above			
		If you don't l	Submit	creening kit.	

 您如選擇了 'None of the above' (以上都不是),就會前往下一頁。不然的話,您將會獲告 知您的子宮頸篩檢狀況。

確認您的用品包訂購訊息

7. 輸入或仔細審核您的個人訊息,包括**姓名、遞送地址、電話號碼**及**電郵地址**,然後點擊 'Continue'(繼續)這個按鈕。

	committe	ur nat oraci i	mormation		
Eligibility	Address	Provider	Review		
Rame Delivery Address Phone Number Email Address	We use this information to r about screening. Name Name on your Driver's Lio Legal Last Name TESTPAT-IN-CERTIXFONTA Legal Fliet Name TESTFN-ROMOTIONS If your name is incorrect, plea Preferred First Name (op	mall you your self-screeening kit, comm ense or BC ID used to find your health L se contact the <u>Minister of Health</u> to update tional)	unicate with you if a kit cannot be so record. your name with them.	ent and/or follow-up with you	輸入或核 實您的一 切資料均 屬正確。

Confirm Your Kit Order Information

	Delivery Address	
	Mailing Address Line 1*	
	123 Test Address	
	Mailing Address Line 2 (optional)	
Name	Unit 415	
	City*	
W	Vancouver	
Delivery Address	Province	
	BC	
Phone Number	Postal Code*	
\leq	VSZ 1H1	
Email Address	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.	
	Dhane	
	Phone You must provide at least one phone number	
	Tou muss provide at easis one priorite manufer Home Phone	
	(604) 111-1111	
	Mobile Phone	
Name	(778) 222-2222	
$\mathbf{\nabla}$	If you made changes please contact the Ministry of Health to undate your information. Changing your phone number above will not undate it with	
Delivery Address	In your mode changes, producionance one <u>mining your reason</u> to oppose your mitorinations changing your prone names above will not update it must the Ministry of Health.	
Phone Number	E11	
	Email	
Email Address	Email*	
cition Plantess	myname@example.com	
	Re-enter Fmail*	
	myname@example.com	
		依
	Continue +m/八丁 >K/X 員 J 心	нj
	─────────────────────────────────────	墼
		1
	·Continue'(繼續)	0

提供您的基本保健服務提供者的資料

8. 接著,我們會問您現時有沒有基本保健服務提供者。不必有基本保健服務提供者都可以索 取用品包。

BC CAN CER			Start your Kit Reque	st FAQ Contact.Us
Pro	ovide Your Prin	nary Care Prov	vider Informat	tion
Eligibility	Address	Provider	Review	Finish
Do you currently receive your resu	have a primary care provid lts?	ler (e.g. family doctor, nur	se practitioner, midwife,	clinic) in BC to
Yes	to			
You do not need a primary	care provider to participate. If you need	follow-up after screening you will be l	inked to a clinic in your community.	
9. 如果您回答	′No′ (沒有),您就會)	前往下一頁。		

10. 如果您回答 'Yes' (有),一個新的部分就會出現,索取您的基本保健服務提供者的資料。

Prov	vide Your Prim	ary Care Prov	vider Informat	tion
Eligibility	Address	Provider	Review	Finish
Do you currently hav receive your results?	ye a primary care provide	er (e.g. family doctor, nur	se practitioner, midwife, o	clinic) in BC to
Yes No You do not need a primary care	e provider to participate. If you need fo	ollow-up after screening you will be li	inked to a clinic in your community.	
Search for your Prim	ary Care Provider			
Fill out one or more field(s)				
Last Name				
First Name			齢 λ 你 hu j j j j	Ħ
e.g. Jane			期/\芯和担分	月
Clinic Address or Clinic Name			關您的基本的	呆
e.g. 123 Street or First Medica	al Clinic		健服務提供考	者
City/Town				ы
e.g. Vancouver			的訊息。	
Phone Number				
(XXXX) XXXX-XXXXX (XXXX)				
Clear all	earch			

- 11. 輸入您能夠提供的訊息,然後點擊 'Search' (搜尋)。*如果您不確定某些細節,您不必填妥* 所有各欄。
- 12. 然後您會看見一份名單,裏面列出符合您提供的細節的基本保健服務提供者。點擊您的基本保健服務提供者,然後點擊 'Continue' (繼續)。

	iary cui	e i forfact be	aren Kesults	
Eligibility A	O Address	Provider	Review	Finish
Refine Results	1 Primary scroll dov	y Care Provider(s) found. wn to continue.	Select your provider and	address then
Fill out one or more field(s)	PLISBVDU	J, JAGGER		
.ast Name	Addres	ss: PINETREE MEDICAL, 458 PINE RD,	VANCOUVER, BC V5Z 1G1	
PLISBVDU	Phone:	: 604-789-7878		
First Name				
e.g. Jane			and Bahad	
Clinic Address or Clinic Name	My prim	hary care provider and/or address is	not listed	
e.g. 123 Street or First Medical Clinic				
City/Town				
e.g. Vancouver				
Phone Number				
(XXXX) XXXX-XXXX (XXXX)				
Clear all Search				

- 13. 如果您見不到您的基本保健服務提供者被列出,可嘗試將更多資料添加到 'Refine Results' (篩選搜尋結果)。
- 14. 如果您的基本保健服務提供者仍然沒有被列出,請選擇 'My primary care provider and/or address is not listed' (我的基本保健服務提供者及/或地址沒有被列出),然後手動輸入您的 基本保健服務提供者的資料,之後點擊 'Continue' (繼續)。

Refine Results O Primary Care Provider(s) found. Fill out one or more field(s) No results found Last Name My primary Care provider and/or address is not listed PLISBVDU Name of Primary Care Provider* G.g. Jane One, finity doctor, nurse practitioner, midwife Clinic Address or Clinic Name Note: If you don't see a specific primary care provider at your clinic, write "NA" above and fill in fields below. úg Gy LH BY Chines Clinic* Clinic Address or Clinic Name u.g., First Medical Clinic* Mane of Clinic* Using Chines Clinic* Phone Number (000) 3003-3000X 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.	Eligibility	Address Provide	r Review	Finish
Fill out one or more field(s) No results found Last Name If My primary care provider and/or address is not listed PLISBVDU Name of Primary Care Provider* First Name e.g. family doctor, nurse practitioner, midwife e.g. Jane Note: If you dont see a specific primary care provider at your clinic, write "NA" above and fill in fields below. Clinic Address or Clinic Name e.g. First Medical Clinic 123 street e.g. First Medical Clinic Clinic's Phone Number* (200) 3000-3000X Phone Number (200) 3000-300X	Refine Results	0 Primary Care Provider	(s) found.	
Last Name PLSBVDU First Name e.g. Jane Note: If you doort see a specific primary care provider at your clinic, write "NA" above and fill in fields below. Ulinic Address or Clinic Name Iz3 street e.g. farst Medical Clinic Clip/Town Vancouver Phone Number [000) X00-X00X 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. [000] X00-X00X	Fill out one or more field(s)	No results found	4	
	Last Name PLSBVDU First Name e.g. Jane Clinic Address or Clinic Name 123 street City/Town Vancouver Phone Number [0003.000:0000.	My primary care provider and Name of Primary Care Provider* e.g. family doctor, nurse practition Note: If you don't see a specific primary Name of Clinic* e.g. First Medical Clinic Clinic's Phone Number* (X003 X0X-X00X If we are unable to find your primary care	/or address is not listed Inc, midwife care provider at your clinic, write "NA" above and fill in fields e provider you will be linked to a clinic in your community for	below. 填妥此部分, r follow up if needed.
		Continu		

15. 作出索取用品包的要求之前,請先仔細審核您所提供的一切資料。您可以點擊 'Edit' (修改) 這個按鈕來修改任何不正確的資料。

	Confirr	m Kit Request	Details		
Eligibility	Address	Provider	Review	Finish	
Your kit has NOT	۲ been requested yet. Ple	ease review your details b	efore submitting the kit r	equest.	
ame ESTFN-PROMOTIONS TESTP/	AT-LN-CERVIXPORTAL			Edit	
elivery Address 23 Test Address Init 415 ancouver, BC V5Z 1H1					
mail st@gmail.com					
hone Numbers ome: (604) 111-1111 lobile: (778) 222-2222					
rimary Care Provider no netree Medical 23) 456-7891				Edit	
		Submit Kit Request			

16. 您一旦確認了資料是正確的,點擊 'Submit Kit Request' (提交索取用品包的要求)這個按鈕 來索取用品包。