

ACRCSP Abnormal FOBT Result Correspondence *Program Introduction Letter Order Form*

Lab:
Contact Person:
Mailing Address:
City:
Postal Code:
Phone:
Fax:
Email:

ACRCSP Program Introduction Letter	Quantity _____	Package(s) of 500 Bi-fold sheets
Please ✓ Lab:		
<input type="checkbox"/> Chinook - BioPacific Diagnostic Inc.		
<input type="checkbox"/> David Thompson - BioPacific Diagnostic Inc.		
<input type="checkbox"/> Northern Lights - DynaLIFEDx Laboratory, Ft. McMurray		
<input type="checkbox"/> Northern Lights - Northwest Health Centre Laboratory, High Level		
<input type="checkbox"/> Palliser - Medicine Hat Laboratory 202, 73 7 th St. SE		
<input type="checkbox"/> Palliser - Regional Laboratory 666 5 th St. SW Medicine Hat		



Please allow 30 business days for order and delivery

PLEASE FAX YOUR ORDER TO:
ALBERTA COLORECTAL CANCER SCREENING PROGRAM (ACRCSP)
FAX: (403) 355-3289 or 1-888-944-3388
Inquiries call toll free: 1-866-727-3926