

Preventing Errors in Your Screen For Life (SFL) Claims

How To Fill In The SFL Registration Form Correctly

(For GPs and Clinic Assistants)

Clinics should ensure that data fields in the SFL Registration Form are filled in accurately to ensure smooth processing of specimens and related claims.

Here are some quick tips on completing the SFL registration form:

✘ Common Errors

- ✘ Not checking patient eligibility on CMS/MHCP before administering SFL tests.
- ✘ Not sticking patient labels on all pages of the SFL form, **including carbon copies.**
- ✘ Patient's contact number is missing. HPB is unable to contact the patient for follow-up, especially for FIT cases.
- ✘ Wrong/illegible date on the SFL registration form.

Date of initial test: (dd/mm/yyyy)	20/10/2023 ?
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- ✘ Filling in the wrong screening date for colorectal cancer screening (FIT).

Date of initial test: (dd/mm/yyyy)	
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- ✘ For repeat HPV/Pap tests, clinics wrongly fill in details under "initial test" instead of "repeat test" on the SFL registration form.
- ✘ For blood sugar screening using HbA1c samples, clinics wrongly tick Fasting Venous Glucose instead of HbA1c and vice versa on the SFL registration form.
- ✘ Not attaching the SFL registration form to the lab sample. This commonly occurs when the SFL test is bundled with other lab tests, resulting in the clinic forgetting to attach the SFL form.
- ✘ Leaving the date empty when patient signs the consent.

Section D: Client Consent for Participati
I, the undersigned, have read and understood Board's Screen for Life (SFL) programme ("F



Name and Signature or Thumbprint of Client / Date

✔ Correct Methods

- ✔ Always check patient eligibility on CMS/MHCP before administering SFL tests on the **date of visit.**
- ✔ If clinic is using patient labels, please stick the label on **all** copies of the SFL form, **including carbon copies.** **Do not** stick the label on Section C.

Section B Client Information	Client's Name: NRIC no.: Address:	Patient Label	Stick label on all pages
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- ✔ Ensure patient's contact number is indicated clearly.
- ✔ Ensure the date is indicated clearly on **all** copies of the SFL form under Section C.
- ✔ The "Date of initial test" should be reflected as **the collection date of the FIT kit from the clinic by the patient, and not** the date when the patient returned the FIT kit with samples to the clinic.
- ✔ Fill in details under "Repeat Test" when conducting a repeat test for HPV/Pap.

Date of repeat test: (dd/mm/yyyy)	
Repeat Test (<input type="checkbox"/> 1 st Repeat <input type="checkbox"/> 2 nd Repeat)	
<input type="checkbox"/> Repeat HPV DNA (only if initial test was a HPV DNA test; to be done no earlier than 9 months from the initial test date)	
<input type="checkbox"/> Repeat Pap Test (only if initial test was a Pap test)	
- ✔ Verify the sample/tube and tick the correct test on the form.

	
<input checked="" type="checkbox"/> Fasting Venous Glucose + Lipid Profile (Fluoride tube + plain tube)	<input checked="" type="checkbox"/> HbA1c + Lipid Profile (EDTA tube + plain tube)
- ✔ Attach the SFL registration form for **all** SFL tests.
- ✔ Check that patient has filled in their **name, signature and date** when signing the consent.