

Preventing Errors in Your Screen For Life (SFL) Claims

How To Fill In The SFL Registration Form Correctly

(For GPs and Clinic Assistants)

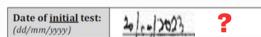
Clinics should ensure that data fields in the <u>SFL Registration Form</u> are filled in accurately to ensure smooth processing of specimens and related claims.

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.



Filling in the wrong screening date for colorectal cancer screening (FIT).

Date of <u>initial</u> test: (dd/mm/yyyy)

- 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.

I, the undersigned, have read and understoo Board's Screen for Life (SFL) programme ("F

Name and Signature or Thumbprint of Client / Date

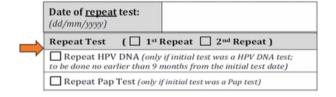


- Always check patient eligibility on CMS/MHCP before administering SFL tests on the <u>date of visit</u>.
- If clinic is using patient labels, please stick the label on <u>all</u> copies of the SFL form, <u>including carbon copies</u>.

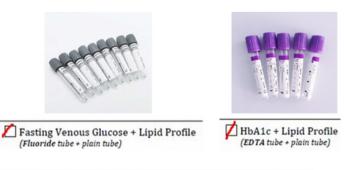
 <u>Do not</u> stick the label on Section C.



- Ensure patient's contact number is indicated clearly.
- Ensure the date is indicated clearly on <u>all</u> 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.



Verify the sample/tube and tick the correct test on the form.



- Attach the SFL registration form for all SFL tests.
- Check that patient has filled in their name, signature and date when signing the consent.