

- Please complete this card. Mail it back to the lab in the envelope provided with the FIT Kit.
- Be sure the envelope contains this card **and** the vial with your sample (feces/poop).
- It is **important** to return the kit within 24 hours after collecting your sample.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth:     /    /      
Month Day Year

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NE Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Kit #: \_\_\_\_\_

Date of sample collection:     /    /    

Date Kit was put into the mail:     /    /    

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