FOBT Faxed Form

Client Date of Birth: _____/_____/______
(off of kit)

Date on Slide 1: ______/______/______
Date on Slide 2: ______/______/______
Date on Slide 3: ______/______/______

Lab Tech initials: ___________________
(who handled the kit)

FOBT Kit #: ______________________
(off of blue kit)

Fax this form to Michelle at:
402-471-0913

BLUE LABELED KIT
This form is to be used when:

• No FOBT # on the blue label
• Client is not in the data base system
• Client has no current cycle
• Client has a positive FOBT result
• Client still not in the data base system after one week

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WHITE LABELED KIT
This form is to be used when:

• Client has a positive FOBT result