

# FOBT Faxed Form

Client Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(off of kit)

FOBT Kit #: \_\_\_\_\_  
(off of blue kit)

Date on Slide 1: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date on Slide 2: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date on Slide 3: \_\_\_\_/\_\_\_\_/\_\_\_\_

Lab Tech initials: \_\_\_\_\_  
(who handled the kit)

**Fax this form to:  
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