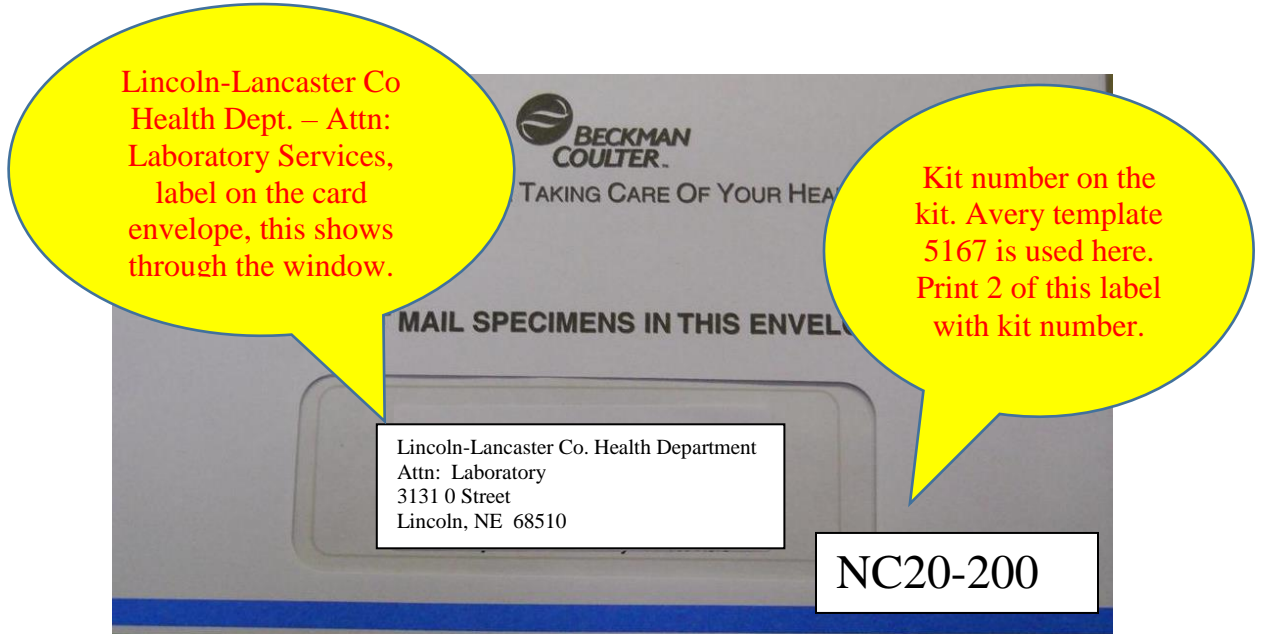
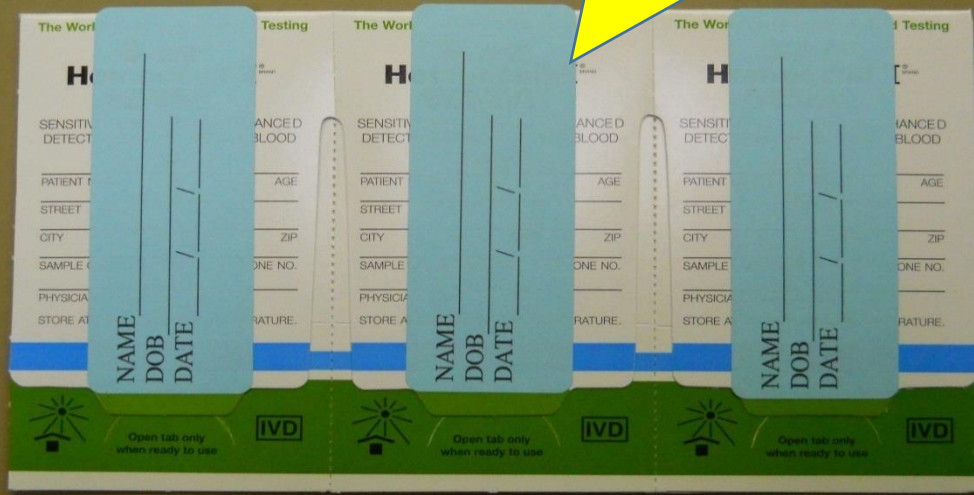


FOBT Kit Labeling Document



A blue identifying label on each of the 3 slides on the kit. Make sure not to place the label over the slide opening.



Place the 2nd label you printed with the kit number (Avery template 5167) on the back side of the slides.

An instructions label on the back side of the slides. Instructions are available in Spanish as well.

NC20-200

Printed in U.S.A.
Made in U.S.A.

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- Take stool samples on 3 different days. **Does not** have to be 3 in a row. Fill in date on each Section before you have a bowel movement.
- Flush toilet and allow it to refill. Spread out your collection tissue over the water. Let your bowel movement fall onto the tissue.
- Open Section 1. Use a stick to apply a thin smear of stool in Box A, just enough to see but not fall off. **Less is better.** Take a sample from a different area of the stool and place in box B.
- Repeat steps 1-3 Use Sections 2 and 3 for the other two samples.
- Place the test card in the provided mailing pouch and put it in the mail. **Do not use a regular envelope.**

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Kit number on the enrollment form corresponds to the kit number on the envelope.

**Community Colon & Rectal Cancer Screening Form
for Men and Women 50-74**

NC20-200

Jan 2012



1. ALL QUESTIONS MUST BE ANSWERED. Please print clearly.
2. Read and sign.
3. Give the **COMPLETED** form to the pharmacist and mail the completed test kit in the return envelope provided.

First Name	Middle Initial	Last Name	Maiden Name	Social Security #
Birthdate / /	Gender M / F	Address		
City		County	State	Zip
Day Phone ()		Evening Phone ()		
<i>In case we can't reach you:</i> Contact person: _____ Relationship: _____ Phone: () _____ Address: _____ City: _____ State: _____ Zip: _____		How did you hear about this colon cancer screening program? <input type="checkbox"/> television <input type="checkbox"/> radio <input type="checkbox"/> newspaper <input type="checkbox"/> friend/relative <input type="checkbox"/> your doctor <input type="checkbox"/> your place of work <input type="checkbox"/> Internet <input type="checkbox"/> in-store display <input type="checkbox"/> church <input type="checkbox"/> other _____		