### **Guide for Colorectal Screening**

MEDICAL OFFICE STAFF - Legibly write the patient name and date of birth on the sample bottle and return to the FIT Kit prior to the patient collection of the specimen.

# Guide for Colorectal Cancer Screening at Home Medical Practice Staff provide all underlined items Patient Name: Date of Birth: Physician Name: Signature: Medical Office:

Please mail your stool sample back within 48 hours of collection

Diagnosis Code:

#### For Medical Practice Staff Use

Affix Patient Visit Label (PVL) here:

### Do not affix stickers to the sample bottle

LHMC Laboratory 3.2023 Lab Requisition #\_\_\_\_\_

What's in t	his kit?				
			M M	ledical Office provi	Total (1807/19)  Supplies Supp
Large collection tissue paper (folded)	Sample bottle and stick	Small shipping pad	Plastic biohazard bag	Instruction guide	Return envelope

When should you do this test? - the next time you have a bowel movement (poop).

If there's any blood when you have a bowel movement, please wait until the bleeding has stopped to do this test.

## 1. Unfold the collection paper flat inside your toilet on top of the water. Have a bowel movement on 2. Lay the collection 3. Twist and lift the cap on the sample bottle. Keep the liquid in the bottle.

4. Scrape the stool
with the sample stick
a few times to cover
the grooved tip
sample

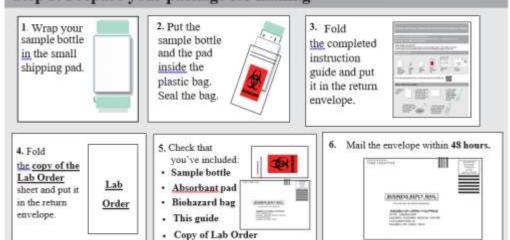
5. Push the stick back into the sample bottle until the cap clicks. (Collection paper

### We need it for

#### Step 2. Labeling your sample - Use a ball point pen

- Date and time of collection on your sample bottle and below. Verify that your legal name and date of birth are correct.
  - \* Date and Time of Collection:

### Step 3. Prepare your package for mailing



### Mail you sample within 48 HOURS of Collection